

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 12 1939

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20720

Registration District No.

Primary Registration District No.

Registrar's No. 5564

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4421 Tholozan Ave 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
Seven years (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Josephine Kreiter 10.9.6

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife of Peter Kreiter 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Sept. 17, 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 3 hr. _____ min.

9. Birthplace New Orleans La.
 (City, town, or county) (State or foreign country)

10. Usual occupation At home At 1

11. Industry or business _____

12. Name Not known 9

13. Birthplace Not known 9
 (City, town, or county) (State or foreign country)

14. Maiden name Not known 9
 (City, town, or county) (State or foreign country)

15. Birthplace Not known 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Boehm

(b) Address 4519 Red Bud Ave

17. (a) Cremation (b) Date thereof 6-23-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) JUN 23 1939 (b) J. B. Brudick
 (Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4421 Tholozan Ave. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1939 hour 2:40 PM minute _____ M.

21. I hereby certify that I attended the deceased from April
March 27, 1939, to June 20, 1939;
 that I last saw her alive on June 20, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 15 yo
Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph B. Luccina (M. D. or other) _____

Address 2800 N. Taylor Date signed 6/21/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed William G. Burkholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.