

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20980  
Registrar's No. 5824

653 JUL 12 1939 791  
Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

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: 2704 Belt Ave 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Vernon W. Kreitler

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29th, 1939 8-11-1928  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>10</u>	<u>10</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name George Kreitler  
 { 13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Mary Braun  
 { 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Kreitler

(b) Address 2704 Belt Ave.

17. (a) Burial (b) Date thereof July 1, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Drehamann Nasser

(b) Address 1905 Union Blvd.

19. (a) JUN 30 1939 (b) J. F. Pridem  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 116  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2704 Belt Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th  
 year 1939 hour One minute 50 A. M.

21. I hereby certify that I attended the deceased from May 12 to Jan 29, 1939  
 that I last saw him alive on Jan 28, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Renal Dilatation of Heart  
 Due to Mitral Regurgitation  
Arterio Sclerosis  
 Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy no

Duration

6 29/39

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 J. F. Pridem (M. D. or other) \_\_\_\_\_  
 Address 1875 Madison Date signed 30/39

Store 23

1875 Madeline Lane  
2-3

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**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 Warren A. Carve  
Licensed Embalmer No. 3534  
P. O. Address.....

**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.**