

34391

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8929

Registration District No.

1003

Primary Registration District No.

Registrar's 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:  
6536 Itaska St.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Victoria Krekeler 6243. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Clemens Krekeler 6. (c) Age of husband or wife if alive 67 years7. Birth date of deceased Feb. 19 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 8 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

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

12. Name Frank Keller13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clemens G. Krekeler Jr(b) Address 6536 Itaska St.17. (a) Burial (b) Date thereof 10-23-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peter & Paul (old)18. (a) Signature of funeral director Kriegshauser Mortuary(b) Address 4228 So. Kingshighway19. (a) OCT 20 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's initials)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_
- (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")
- (d) Street No. 6536 Itaska St.  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th  
year 1939 hour 8:15 minute P.M. M.21. I hereby certify that I attended the deceased from Oct 18, 1939, to Oct 19, 1939;  
that I last saw her alive on Oct 19, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Right Cerebral Hemorrhage 7 days  
(apoplexy)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy no

## 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 Albert J. Mitchell (M. D. or other) \_\_\_\_\_Address 2739 Woodland Bl Date signed 10-20

(Licensed Embalmer's Statement on Reverse Side)

1939

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

Rev. 5-17-39

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.

MOTHER FATHER

Dr. Albert Motzel  
2743 N Grand Blvd. 1-2 P.M.

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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.....

*Edmund M. Gerwitz*

Licensed Embalmer No..... *3034*

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.**