

Registration District No. 1501

Primary Registration District No. _____

Registrar's No. 10313

1. PLACE OF DEATH: 1003
 (a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4226 Peck Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)
 In this community Unavailable

3. (a) PRINT FULL NAME CHARLES KREUTER 636
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced widower
 6. (b) Name of husband or wife unavailable
 6. (c) Age of husband or wife if alive Same years
 7. Birth date of deceased May 1 1851
 (Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business Retired

12. Name unavailable

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name unavailable

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward H. Kreuter

(b) Address 4226 Peck Street

17. (a) Burial (b) Date thereof 12/2/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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

(b) Address 2161 East Fair Avenue

19. DEC 2 1939 (b) J. J. Radtch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4226 Peck Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: Not Available years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
 year 1939 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-20, 1939, to 11-30, 1939
 that I last saw him alive on 11-30, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure
 Due to Cardiac Deletation

Due to Carcinoma of sigmoid
 Other conditions Emphysema
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: _____

Duration _____
 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)
 (a) Means of injury _____
 23. Signature Tom Cleary (M. D. or other) MD
 Address 4256 N. Main Date signed 12/1/39

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.

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.....

Roman Hampton

Licensed Embalmer, No. *2967*

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.