S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4820

Registration District No. 791 FILED MAR 17 1940 Primary Registration District No. 1003 Registrar's No. 1650

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2320 St. Louis Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 65 Years. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits write "RURAL") 20

(d) Street No. 2320 St. Louis Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joachim H. T. Kretlow.

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Dora Kretlow.

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 28th. 1847. (Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Germany. (City, town, or county) 6 (State or foreign country)

10. Usual occupation Retired United Railway.

11. Industry or business

FATHER
12. Name Johanus Kretlow.
13. Birthplace Germany. (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Sophia Meinke.
15. Birthplace Germany. (City, town, or county) 6 (State or foreign country)

16. (a) Informant Clifford J. Hoffmann

(b) Address 2320 St. Louis.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-40. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co

(b) Address 1417 N. Market St.

19. (a) FEB 18 1940 (Date received local registrar) (b) J. F. Baldwin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 15th year 1940 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from Mar. 31. 1938, 19, to Feb. 15., 1940, that I last saw him alive on Febrauary 15.-40, 19; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Occlusion | 5 days |
| Due to Pulmonary Oedema | 2 days |
| 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fred H. Krug M.D. (M. D. or other)

Address 2249 St. Louis ave Date signed 2/17.40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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

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