

NOV 2 1940

STANDARD CERTIFICATE OF DEATH

Registration District No. 784

Primary Registration District No. 207

Registrar's No. 1995

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME William Kreischer

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Flora Kreischer 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 28, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 22 If less than one day
hr. min.

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

10. Usual occupation Retired 9 years

11. Industry or business night watchman

12. Name Frederich Kreischer

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

14. Maiden name Caroline Mueller

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

16. (a) Informant Mrs. F. Kreischer

(b) Address 108 Kayser

17. (a) Burial (b) Date thereof 10-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 227 1/2 Grand Blvd

19. (a) 22-1940 (b) W. M. M. M. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stebanis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Kayser
(If rural, give location)
(e) If foreign born, how long in U. S. A. 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1940 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from 7/15/37 to 10/20/40
that I last saw him alive on 10/20/40
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis 3 yrs + 3 mo
Due to unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 90C

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?

707 (Specify type of place)

While at work (e) Means of injury

23. Signature W. K. Hawkes (M. D. or other)

Address 7219 Michigan Date signed 10/21/40

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.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

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, fact should be so stated above.