No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43897

State File No.

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 2385

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~St. Louis~~ Rich Hgts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(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) 1

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. 5966 Columbia Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick W. Kretzer

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 Married

6. (b) Name of husband or wife Nora C. Kretzer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept. 30, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	15	____ hr. ____ min.

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

10. Usual occupation Nil 0

11. Industry or business 1

FATHER
12. Name Frederick W. Kretzer 6
13. Birthplace ____ (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Bernadine Coster
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Leonor Kretzer
(b) Address 5966 Columbia, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. DEC 16 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1940 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1940, to Dec 15, 1940, that I last saw him alive on 12-14-, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerotic Heart Disease

Due to 95B2

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy As above

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [illegible] (M. D. or other) 1
Address 3604 Washington Date signed 12-16-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl J. Reis
3604 Washington
Je. 1800
2-4 PM

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadw

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.