

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2523 Valley /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Annie Kreher

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Kreher 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 11, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 0 3 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Andrew Wolf

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

14. Maiden name Matilda Roup

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

16. (a) Informant George Kreher

(b) Address 2523 Valley

17. (a) Burial (b) Date thereof 2-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) FEB 15 1941 (Date received local health officer) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96  
(c) City or town Maplewood 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2523 Valley 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14  
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2/4/41  
\_\_\_\_\_ 19\_\_\_\_, to 2/14/41 19\_\_\_\_,  
that I last saw her alive on ? 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 0

Due to Cardio-vascular 5 yrs.

Due to 12/10

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) [Signature]

Address 2901 Big Bend Date signed 2/15/41

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

337

---

---

**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.....

*J.P. Burgess*

Licensed Embalmer No.....

*4029*

P. O. Address.....

*Maplewood*

**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.**