

No. 2
4-13-40
-17-39
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FEBRUARY 11 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8231

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 321

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
410 Spring Ave. /
(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 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 410 Spring Avenue 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 0 years.

3. (a) PRINT FULL NAME ERNEST KRETSCHMAR, JR.

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9
year 1941 hour 12 minute 38 P.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alvina Koehler Kretschmar alive _____ years

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

7. Birth date of deceased January 19 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 3, 1941, to Feb 9, 1941;
that I last saw him alive on Feb 8, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Myocarditis

Due to Sept 93 IN

Due to _____

Duration 6 mo

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired 1929 Machinist

11. Industry or business Curtis Mfg. Co.

Other conditions Hypertension 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Ernest Kretschmar

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

14. Maiden name Albertina Rabe

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

16. (a) Informant Nattie Kretschmar

(b) Address 410 Spring Ave., Webster Groves

17. (a) Burial (b) Date thereof Feb. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

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? _____

18. (a) Signature of funeral director Baderwicker Funeral Home Inc.

(b) Address 1936 St. Louis Avenue

19. (a) FEB 12 1941 (b) W. R. Meyer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Carl D. Brand (M. D. or other) 0

Address Webster Groves Mo Date signed _____

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

Dr. E. L. Brand
120 E. Lockwood - Wabash, Mo.

2 - #
MAY 11 1942

Re 3038

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 Felix J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.