

No. 2
4-13-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4164 Arsenal Street
(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**

3. (a) PRINT FULL NAME **Henry L. KREUTZER**

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 **Catherine Kreutzer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **November 23, 1853**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 5
hr. _____ min.

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

10. Usual occupation **Salesman**

11. Industry or business **Retired**

12. Name **Henry L. Kreutzer**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Walter A. Kreutzer**

(b) Address **4164 Arsenal, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **7-31-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **W. H. Bredich**

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. (a) _____ (b) **J. H. Bredich**
(Date received local registrar) (Registrar's signature)

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. **4164 Arsenal Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **28**
year **1941** hour **11:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **6/16/41**
_____, 19____, to **7/28/41**, 19____;
that I last saw him alive on **6/23**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Infarction

Due to **Coronary Arterial Vasculay disease**

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature **Ch. P. Tardier** (M. D. or other) **1**
Address **3115 S. Grand** Date signed **7/29/41**

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

1779

000
17
16
0

JUL 29 1941

Dr. Armand Forster,
3115 S. Grand Ave.,
La. 8127
2:00 to 5:00 P. M. Daily.
Mon-Wed-Fri: 7:00 to 8:00 P. M.

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 *Louis C Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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.