

S. No. 2
M-1-4-41
v. 5-17-39
X26399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3569 ✓

State File No. 2
Registrar's No. 374

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin
(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks.
In this community Birth.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County St. Louis,
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. Ballwin Mo.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William H. Krehmeyer.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16th
year 1942 hour 4:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from Feb. 1st 1942 to Feb. 16 1942
that I last saw him alive on Feb. 14th 1942
and that death occurred on the date and hour stated above.

4. Sex Male. 5. Color or race White.
6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Anna Nee (Schlueter.)
6. (c) Age of husband or wife if alive 67. years

Immediate cause of death Chronic myocarditis with decompensation
Due to _____
Due to _____
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

7. Birth date of deceased Oct 29, 1874
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
67 3 19 hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Painter.

11. Industry or business _____
12. Name Charles Krehmeyer.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Not known.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

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 B. R. Loving (M. D. or other) _____
Address Ballwin, Mo Date signed 2-16-42

16. (a) Informant Wilbert Krehmeyer.
(b) Address Route #4 Box 598 Baden Station
17. (a) Burial. (b) Date thereof Feb. 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery.
18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.
19. (a) EB 17 1942 (b) C. H. McJannet
(Date received local registrar) (Registrar's signature)

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.