

Filed AUG 6 1942 7917

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6247

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2836 Arsenal St. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 94 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2836 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AGNES KREIDLER

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

4. Sex Female / race White 5. Color or 2 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Albert Kreidler 6. (c) Age of husband or wife if years
7. Birth date of deceased About 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

12. Name Christopher Buck

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

14. Maiden name Margaret Keenan

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

16. (a) Informant Harvey Kreidler
(b) Address 2836 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Shorlites & Son
(b) Address 2906 Gravois Ave.

19. (a) III 24 1942 (Date received local registrar) (b) J. J. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 10 40 A.M. M.

21. I hereby certify that I attended the deceased from Mar. 31, 1942 to July 22, 1942
that I last saw her alive on July 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration over 6 mo

Due to.....

Due to.....

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 Robert S. The M.D. (M.D. or other)

Address 3201 ... Date signed July 23/42

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

MOTHER FATHER

AUG 1 2 1942

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.....

Licensed Embalmer No. 1619

P. O. Address 2906 Gracie

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.