S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3457

Registration District No. 784 Primary Registration District No. 114 Registrar's No. 186

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Shrewsbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3908 Shrewsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. L.
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 3908 Shrewsbury
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pauline Kretschmer
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 Albert Kretschmer
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. 15, 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Christopher Fredericki
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Emily Laufketter
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Albert Kretschmer
(b) Address 739 Newport
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) JAN 25 1943 (Date received local registrar) (b) E. G. McGarvey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1943 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from About 10 days, 19 , to Jan. 22, 1943 that I last saw her alive on Jan. 21, 1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion + Congestion of lungs	10 days
Due to Diabetes Mellitus	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Theo. F. Riel (M. D. or other)
Address 7465 Hazel Ave Date signed 1/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 H. 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, fact should be so stated above.