V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4101

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1493

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr 2mos 4das. (Specify whether
In this community 69 yrs 8mos 15das. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ~~St. Louis~~ City Sanitarium
(If outside city or town limits, write "RURAL")

(d) Street No. ~~7807 Weaver~~ 3400 Arsenal
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME OLIVE DEWES

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 30 (Day) 1873 (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ~~unknown~~ HENRY KRETZER 4
13. Birthplace ~~Unknown~~ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ BERNADINE KOESTER
15. Birthplace ~~Unknown~~ (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation SALVARY CEM

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 MERAMEC

19. (a) FEB 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1943 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-13-42, 19, to 2-13-43, 19;
that I last saw her alive on 2-13-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	2-1-43
Decubitus Ulcers	1-1-43
Due to Senility & General Debility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy No.

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 A. K. Burch (M. D. or other)
Address 5300 Arsenal Date signed 2/15/43

(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 George N. Archambault, Registered Apprentice No. _____, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.