

FILED MAR 2 1943 **318**

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **11490**

1. PLACE OF DEATH:

(a) County **St Louis**

(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3541 MARKET AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **3 MO** years, months or days

2. USUAL RESIDENCE OF DECEASED: **no address**

(a) State **MO Ill** (b) County **St Louis**

(c) City or town **St Louis Collinsville - MO**
(If outside city or town limits, write "RURAL")

(d) Street No. **3541 MARKET 1621 W. Clay**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country **2.**

3. (a) PRINT FULL NAME **RICHARD E. KREHER**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **22** year **1943** hour **7** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **DEC - 15** 19**43** to **2/22** 19**43**

that I last saw him alive on **2-22** 19**43** 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 **WIDOWED**

6. (b) Name of husband or wife **OLLIE**

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

7. Birth date of deceased **APRIL 19 1872**
(Month) (Day) (Year)

Immediate cause of death **Chronic myocarditis**

Duration _____

8. AGE: Years Months Days If less than one day

70 10 3 hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation **FORMAN Retired**

11. Industry **St Louis Smelting Building Co**

12. Name **PAUL KREHER**

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)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: **none**

Of operations _____

Of autopsy **None**

16. (a) Informant **Lena M. Kreher**

(b) Address **3541 Market St**

17. (a) **Collinsville, Mo** (b) Date thereof **Feb 23 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Collinsville, Mo**

18. (a) Signature of funeral director **Geo Schroppel**

(b) Address **Collinsville, Mo**

19. (a) **Feb 23 1943** (b) **J. F. Brudeck**
(Date received local registration) (Registrar's signature)

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 **J. L. Lewis** (M. D. or other) _____

Address **4065 So. Grand** Date signed **2/23/43**

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

MOTHER FATHER

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 Ben H. Balduni
Licensed Embalmer No. 2420
P. O. Address E. St. Louis, Ills

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.