V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 3119

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4469

State File No. 7761

Registrar's No. 8

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE 1

(c) City or town STE GENEVIEVE 1
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMILY KREITLER

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 2 WIDOWED

6. (b) Name of husband or wife LEO KREITLER

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

7. Birth date of deceased NOV (Month) 6 (Day) 1862 (Year)

8. AGE: Years 80 | Months 3 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace RIVER AUX VASES (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name PETER LANGHIER
13. Birthplace UNKNOWN (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name ROSINE VALLE
15. Birthplace STE. GENEVIEVE (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Nicholas Kreitler
(b) Address Ste. Genevieve Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation STE GENEVIEVE MO

18. (a) Signature of funeral director Leo C. Barfe
(b) Address Ste. Genevieve Mo

19. (a) Feb 22/43 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 21 year 1943 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb 17, 1943, to Feb 21, 1943; that I last saw him alive on Feb 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio Pneumonia,	4 days
Due to Influenza	3 wks
Due to	
Other conditions arterio-sclerosis (Include pregnancy within 3 months of death)	2

Major findings:
Of operations .....
Of autopsy .....

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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 H. Launchy (M. D. or other) M.D.
Address Ste. Genevieve Mo Date signed 2/22/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1890

Date Filed 3-6-43

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 Lee C. Barber

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.