. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 3 1943 318

State File No. 8491

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2865

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6536 Itaska Ave. /
(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: 100 / 12

(a) State Mo. (b) County .....
(c) City or town St. Louis 9 / 14
(If outside city or town limits, write "RURAL")
(d) Street No. 6536 Itaska Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clemens G. Krekeler Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Victoria Krekeler

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

7. Birth date of deceased Jan. (Month) 19th (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	5	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Grocery Co.

11. Industry or business .....

FATHER
12. Name Franz Krekeler
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

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

16. (a) Informant Clemens G. Krekeler Jr.
(b) Address 6536 Itaska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1943 hour 12:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec 23, 1929, to Mar 23, 1943, that I last saw him alive on Mar 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to cerebral apoplexy	Mar 23-43
Due to Hypertensive cardio-vascular disease	15 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations – 93	
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) no
(b) Date of occurrence —
(c) Where did injury occur? no (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 Albert J. Motzel (M. D. or other)
Address 2739 N. Grand Date signed 3-25-43

(Licensed Embalmer's Statement on Reverse Side)

2[redacted] N. Grand Ave. 1-2 P.M. [redacted]

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 Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. ~~Address~~.....

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.