S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11502

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 705

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution: Adm. 3/20/1943 (Specify whether
In this community: unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Occ

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

(d) Street No.: 1531 So. 9th Street
(If rural, give location)

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

If yes, name country: –

3. (a) PRINT FULL NAME: Bernard B. Pretz

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: Yes - not remembered

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: –

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

7. Birth date of deceased: October (Month) 11, (Day) 1895 (Year)

8. AGE: Years 47 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation: Machinist

11. Industry or business: –

FATHER
12. Name: Bernard Pretz
13. Birthplace: / Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Wetzel
15. Birthplace: / Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 24-43 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEM

18. (a) Signature of funeral director: [illegible]
(b) Address: 7814 S. [illegible]

19. (a) MAR 24 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd, year 1943 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from March 20, 1943 to March 22, 1943; that I last saw him alive on March 22, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia, lobar, left, no typing.	About 5 days.
Due to: –	
Due to: –	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operation

Of autopsy: No 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): no

(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: L. M. COCHRAN, M.D. (M. D. or other)

Address: Chief Medical Officer Date signed: 3/22/43

(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 Louis C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.