

FILED MAY 4 1943

Registration District No. 74 Primary Registration District No. 6077

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town RURAL BEAUVAIS TOWNSHIP
(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)

2. USUAL RESIDENCE OF DECEASED:

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

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

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

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

3. (a) PRINT FULL NAME JOHN KRIETLER

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13 year 1943 hour 5:30 AM minute

4. Sex MALE

5. Color or Race WHITE

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

6. (b) Name of husband or wife ROSEMARY ALGARE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased DEC 8 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 1943 to April 13 1943, that I last saw him alive on April 11 1943, and that death occurred on the date and hour stated above.

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

59 4 5 hr. min.

Immediate cause of death: Bronchus Pneumonia

Due to: Parkinson's Disease, Paratyphoid Staphylococcus

9. Birthplace RIVER AUX VASES MO

Other conditions: (Include pregnancy within 3 months of death)

109

10. Usual occupation FARMER

11. Industry or business

Major findings: Of operations

Of autopsy

12. Name FRANK KRIETLER

13. Birthplace GERMANIA

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name ANNES BASKER

15. Birthplace RIVER AUX VASES MO

16. (a) Informant Mrs Rosemary Krietler

(b) Address Beauvais Twp Mo

17. (a) Burial (b) Date thereof 4. 15 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVER AUX VASES MO

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?

18. (a) Signature of funeral director Leo C. Basker

(b) Address Ste Genevieve Mo

While at work? (Specify type of place) (e) Means of injury

19. (a) Apr 15 1943 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

23. Signature S. G. Henderson (M. D. or other) Address Ste Genevieve Mo Date signed 4-14-43

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

9500

MOTHER FATHER

MAY 4 1983

RECEIVED

District Health Officer No. 4

District File Number 543-2100

Date Filed 5-3-43

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... *Lea C. Baskin*

Licensed Embalmer No. 1985

P. O. Address *St. Lawrence Ave*

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.