S. No. 2
M—2-43
5-17-3
I X35897

FILED JUL 10 1943

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22427

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1557

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6307 Ridge 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96 0

(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6307 Ridge Ave.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louise Kreutzer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August Kreutzer

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

7. Birth date of deceased July 4, 1868.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	0	1	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

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

MOTHER
14. Maiden name Don't Know
15. Birthplace Unkown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adeline Maginn
(b) Address 6307 Ridge Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 7 1943 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1943 hour 5.00 minute A.M. M.

21. I hereby certify that I attended the deceased from Several years, 19..., to 7-4-43, 19...;
that I last saw her alive on about 2 wks ago, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs

Due to metastasis

Due to Cancer of breast 3½ yrs ago.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 50

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Hudson Talbott (M. D. ~~or other~~)

Address Metropolitan Bldg St Louis Date signed 7/6/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hudson Talbott
Mept. Bldg.
1-3 P.M.
JE. 4141.

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.....

Licensed Embalmer No.....3225

P. O. Address.....1125 Hodiamont 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.