S. No. 2
DM—2-43
5-17-43
FILED JUL 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22516

Registration District No. 3017 Primary Registration District No. 3063 Registrar's No. 1551

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 232 Adelia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Tretter

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 Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 11 (Day) 1864 (Year)

8. AGE: Years 79 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Unk (City, town, or county) 9 (State or foreign country)
10. Usual occupation unk
11. Industry or business unk

FATHER
12. Name Chas. Kraft
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Geo. Byrne
(b) Address 232 Adelia, Lemay, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem.
18. (a) Signature of funeral director Jos. Fendler Und.Co
(b) Address 7128 Michigan Ave., St. Louis
19. (a) JUL 7 1943 (Date received local registrar) (b) C. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw b alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when she fell.

Due to Intertrochanteric fracture of right femur; arteriosclerotic
Due to heart disease.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

18.6
18

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence June 9, 1943
(c) Where did injury occur? 232 Adelia, Lemay, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home
(Specify type of place)
While at work? (e) Means of injury

23. Signature Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 7-3-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 17 1949

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 Jos. P. Fendler Jr

Licensed Embalmer No. 925

P. O. Address St Louis, 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.