701
No. 2
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5-17-39
X35697

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

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FILED JAN 20 1944 318 1003

State File No.

Registration District No. Primary Registration District No. Registrar's No. 164

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4050A Arsenal Street,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME FRANK C. KREKELER

3. (b) If veteran, name war ---------

3. (c) Social Security No. none

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary Krekeler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February (Month) 11 (Day) 1857 (Year)

8. AGE: Years 86 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant Mrs. Mary Krekeler—wife
(b) Address 4050A-Arsenal St. St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-8-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) JAN 7 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from December 27, 1943 to January 4, 1944
that I last saw him alive on January 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral Circ. Collapse

Due to Senility c̄ Psychosis
Pneumonia (terminal), Bronchial

Due to Generalized Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

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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

23. Signature Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue Date signed 1/4/44

(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.....

Fred A. Franklin....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred A. Franklin

Licensed Embalmer No. 3-47 r

P. O. Address 791 A St., Idaho

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.