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 MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5376

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2170

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 11mo. 14ds (Specify whether years, months or days)

In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 13 9 (If outside city or town limits, write "RURAL")

(d) Street No. ? 5400 Arsenal (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANNO A. KREIDER

3. (b) If veteran, name war

3. (c) Social Security No.

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 April (Month) 13, (Day) 1879 (Year)

8. AGE: Years 64 Months 10 Days 21 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John H. Kreider

13. Birthplace unknown (City, town, or county) Penn (State or foreign country)

MOTHER 14. Maiden name Elizabeth Glick

15. Birthplace Wabash County (City, town, or county) Ill (State or foreign country)

16. (a) Informant Thelma Gingler

(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) MAR 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 4th, year 1944 hour 7.05 a.m. minute M.

21. I hereby certify that I attended the deceased from June 1st, 1943 to Mar. 4, 1944 that I last saw him alive on Mar. 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infarct of Left Ventricle	1 wk.
Due to Arteriosclerosis	1942x
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of 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)

(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) 0

While at work? (e) Means of injury

23. Signature C. J. McCamey M.D. (M. D. or other)

Address 5400 Arsenal Date signed 3/4/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton 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.