

FILED JUN 9 1944 18

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 5058

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:  
4121 N. Taylor 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 Missouri (b) County 000  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL") 210  
 (d) Street No. 4121 N. Taylor Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Albert Kretschmer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-03-5395

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Eileen Kretschmer 6. (c) Age of husband or wife if alive 31 years  
 7. Birth date of deceased November 24 1911  
 (Month) (Day) (Year)

8. AGE: Years 32 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Baker

11. Industry or business \_\_\_\_\_

12. Name John Kretschmer

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

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eileen Kretschmer

(b) Address 4121 N. Taylor Ave.

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

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Blvd.

19. (a) JUN 2 1944 (b) J. F. Brudeck  
 (Date received from Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
 year 1944 hour 3 minute 00 P.

21. I hereby certify that I attended the deceased from April 17 1944 to May 30 1944  
 that I last saw him alive on May 24 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Endocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature D. A. Thomson (M. D. or other) \_\_\_\_\_

Address 3121 N. Grand Date signed June 1-44

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

MOTHER FATHER

AUG 3 1944

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**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 Frank H. Stuart

Licensed Embalmer No. 2265

P. O. Address 4600 Hot Bridge

**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.**