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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1944

Registration District No. 277

Primary Registration District No. 6276

Registrar's No. 1088

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martin Kreichelt

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 widowed
6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 27 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

MOTHER FATHER {
12. Name Charles Kreichelt
13. Birthplace UNKNOWN (City, town, or county) Unknown (State or foreign country)
14. Maiden name Kate Unknown
15. Birthplace UNKNOWN (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Kate Kumpf
(b) Address 4088 Tondres St. - St. Louis, Mo.

17. (a) Burial (b) Date thereof 5-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Pauls Churchyard

18. (a) Signature of funeral director Louis H. ...
(b) Funeral Home

19. (a) MAY 13 1944 (b) E. G. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 19 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1943 to May 10 1944
that I last saw him alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Arteriosclerosis
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. W. ... (M. D. or other) _____
Address Manchester, Mo Date signed 5/14/44

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: Van M. Linnick,

Licensed Embalmer No. 4043

P. O. Address. 7415 30th Ave
Maplewood, N.J.

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.