

FILED JUL 31 1944

Registration District No.

318

Primary Registration District No.

100

Registrar's No.

6465

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3920 N. 22nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME Richard W Kreft

3. (b) If veteran, name war..... 3. (c) Social Security No. 489 03 0803

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanch Kreft 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June (Month) 2 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>1</u>	<u>19</u>hr.min.

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

10. Usual occupation Receiving Clerk
11. Industry or business Sieloff Florist Co

MOTHER FATHER { 12. Name August Kreft 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Mary Falstick
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Blanch Kreft
(b) Address 3920 N. 22 Nd Street
17. (a) Burial (b) Date thereof July 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Festus Mo - MOTOR

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd
19. (a) JUL 22 1944 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis 920
(If outside city or town limits, write "RURAL")
(d) Street No. 3920 N 22 Nd St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1944 hour 6 minute 10 A.M.M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to July 21 1944
that I last saw him alive on July 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to.....
Due to.....

Other conditions Chronic interstitial nephritis
(Include pregnancy within 3 months of death)
Major findings: Of operations 131
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) (c) Means of injury 0
23. Signature Henry C. Westerman (M. D.) M.D.
Address 2136 E. Grand Blvd Date signed 7-21-44

1-3 pm 7-8 pm
2186 East Grand

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 John A. Mlinar
Licensed Embalmer No. 4186
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.