

S. No. 2  
DOM-2-43  
ev. 5-17-39  
P I X3567

29524

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 18 1944  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 7791

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
De Paul Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution Since Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virginia Marie Kreitner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 13, 1944  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Child

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

MOTHER { 12. Name Charles Kreitner

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

14. Maiden name Jean Crawford

FATHER { 15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Kreitner

(b) Address 3517a Kossuth Avenue

17. (a) Burial (b) Date thereof 9/9/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) SEP 9 1944 (b) J. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis 17 10  
(If outside city or town limits, write "RURAL")

(d) Street No. 3517a Kossuth Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1944 hour 4 minute 0 AM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw her alive on 9/8/44 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Prematurely since birth

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

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) (Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 9-9-44

---

---

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 *Gustav W. Dietele*.....

Licensed Embalmer No. *4329*.....

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.**