U. S. No. 2
M—9-4-41
Rev. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 3147

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

35282
State File No. 8

Registrar's No. 2238

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Webster Groves, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanatorium 0.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution from Jan. 25, 1939 (Specify whether
In this community to Nov. 1, 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Webster Groves. 96
(If outside city or town limits, write "RURAL")
(d) Street No.: Grant Road. 7
(If rural, give location) 4
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: 1)

3. (a) PRINT FULL NAME: Frederick H. Kreismann

3. (b) If veteran, name war: none.

3. (c) Social Security No.: none.

4. Sex: M 0

5. Color or race: W

6. (a) Single, (widowed), married, divorced:

6. (b) Name of husband or wife: Pauline Kreismann

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: August (Month) 7 (Day) 1869 (Year)

8. AGE: Years 75. Months 2 Days 25. If less than one day hr. min.

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

10. Usual occupation: Retired -

11. Industry or business: Insurance Agency

MOTHER FATHER
12. Name: Frederick Kreismann
13. Birthplace: Baden, Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Frances Brunner
15. Birthplace: Baden, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: Ruth K. Field
(b) Address: 6320 Washington.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/3/44. (Month) (Day) (Year)
(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: C. R. Lupton & Sons.
(b) Address: #7233 Delmar Blvd.

19. (a) NOV 9 1944 (Date received by local registrar) (b) E. L. McGauran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st year 1944 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 25, 1939, to Nov. 1, 1944, that I last saw him alive on November 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to:

Due to:

Other conditions: Senile Dementia
(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? (Specify type of place)
While at work: (e) Means of injury:

23. Signature: Paul Hines M.D. (M. D. or other)
Address: Webster Groves Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul Hines.
Webster Groves, Mo

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 Clarence H. Murray

Licensed Embalmer No. 4911.

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.