

S. No. 2
OM-5-43
rv. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15299**

FILED MAY 1 1945
818

Registration District No. _____ Primary Registration District No. **1003**

Registrar's No. **4151**

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:
St. John's Hospital *11*
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**

(c) City or town **405 St. Louis st.** *17*
(If outside city or town limits, write "RURAL")

(d) Street No. **4050 a. Arsenal st.** *16*
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary Krekeler**

3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Frank C. Krekeler**

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

7. Birth date of deceased **March 9 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	2	0	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Mathew REhrhart**

13. Birthplace **Germany** *4*
(City, town, or county) (State or foreign country)

14. Maiden name **Magdalena Vogel**

15. Birthplace **Germany** *U*
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Marie Krekeler**

(b) Address **4050 a Arsenal st.**

17. (a) **Burial** (b) Date thereof **May 12, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Mausoleum**

18. (a) Signature of funeral director **C. Hoffmeister Colonial Mortuary**

(b) Address **6464 Chippewa st.**

19. (a) **MAY 10 1945** (b) **J. F. Brebeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1945** hour **2:20** minute **209** M.

21. I hereby certify that I attended the deceased from **Apr. 10 - 1945**, to **May 19 - 1945**,
that I last saw h. **E.** alive on **May 8 - 1945**,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cause of all blood and ans. - *176*

Due to _____

Due to _____ *55*

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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)

23. Signature **C. Hoffmeister** (M. D. or other) *MD*

Address **1524 So Grand** Date signed **5/9/45**

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

100
17
9

Av. Dr. S. S. S. S. S.
1504 S. Broad

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 Hans J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.