

15302

State File No. _____

FILED MAY 21 1945
 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **4015**

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:
4014a Peck St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4014a Peck St.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia M. Krietemeier
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3,
 year 1945 hour 6:30 PM minute _____ M.
 21. I hereby certify that I attended the deceased from
June 3, 1944 to May 3, 1945
 that I last saw her alive on May 3, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred F. Krietemeier
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased December 27, 1882
 (Month) (Day) (Year)

Immediate cause of death _____
Carcinoma of Ovary
with metastases

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation At home

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Gottlieff Kolls
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Ortnum
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Fred F. Krietemeier
 (b) Address 4014a Peck St.

23. Signature William H. ... (M. D. or other) _____
 Address 1918 9th Street Date signed _____

17. (a) Burial (b) Date thereof 5/7/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery
 18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave
 19. (a) MAY 6 1945 (b) _____
 (Date received local Registrar) (Registrar's signature)

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

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. Deutale*

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.