S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 38351

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 174

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 501 Houston 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 501 Houston Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mary Josephine Kreutzer

3. (b) If veteran, name war .....

3. (c) Social Security No. NIL

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife George Kreutzer Sr

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

7. Birth date of deceased December (Month) 2, (Day) 1862 (Year)

8. AGE: Years 82 Months 11 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housework

11. Industry or business At home

FATHER
12. Name Casper Brinkrolf
13. Birthplace ..... (City, town, or county) Prussia (State or foreign country)

MOTHER
14. Maiden name Carolina Angert
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Corinne Kreutzer

(b) Address 501 Houston-St.Charles,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/30/1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter-St.Charles, Mo.

18. (a) Signature of funeral director H. A. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) 11-29-1945 (Date received local registrar) (b) Ernst C. Paull (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1945 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from 3/1, 1942, to 11/27, 1945; that I last saw her alive on 11/26, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic cardiac Decompensation	?
Bronchopneumonia	2 days
Due to Arteriosclerotic heart disease	?
Chronic Bronchiectasis	?
Due to Essential Hypertension	?
Other conditions Senility (Include pregnancy within 3 months of death)	?

Major findings:
Of operations .....
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature R O Hayden (M. D. or other) MD

Address St. Charles, Missouri Date signed 11/28/45

1340 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-1-45

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 E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.