

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

State File No. ....

FILED JAN 21 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 373

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:  
3448 California Ave.  
(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 020

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

(d) Street No. 3448 California Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME A. Joseph Kress

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 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 October 11, 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>3</u>	<u>--</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th  
year 1946 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 10, 1945 to Jan 11, 1946  
that I last saw h. 1m alive on Jan 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cause of Intestines several Months

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

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Duration

Several Months

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

10. Usual occupation Jobber

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

12. Name John A. Kress

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

14. Maiden name Helena Heil

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

16. (a) Informant Wm. C. Kress  
(b) Address 3448 California Ave.

17. (a) Burial (b) Date thereof Jan. 14, /46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul Cem

18. (a) Signature of funeral director Gebken-Benz  
(b) Address 2842 Meramec Street.

19. (a) JAN 13 1946 (b) J. J. Brudek  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(e) Means of injury 0

23. Signature Rolanda Korb (M. D. or other) \_\_\_\_\_  
Address 3430 California Ave Date signed Jan 21 1946

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2738

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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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lorou E. Percy

Licensed Embalmer No. 4094  
2842 Meramec St.  
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.**