S. No. 2
M—2-43
. 5-17-39
P I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10774

State File No. 0

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 684.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/12/46 (Specify whether years, months or days)
In this community 26 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~St. Louis~~
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4175 Washington Ave. (Rear)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KRIETEMEYER, Edwin F.

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

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elsie M. Krietemeyer

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 8 (Day) 1899 (Year)

8. AGE: Years 47 Months 0 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Hoyleton, Illinois (City, town, or county) / (State or foreign country)

10. Usual occupation ----

11. Industry or business

FATHER
12. Name William Krietemeyer
13. Birthplace Illinois (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Hohmann
15. Birthplace Illinois (City, town, or county) / (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 3/22/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 8:35 minute P M.

21. I hereby certify that I attended the deceased from 3/12/46, 19__, to 3/18/46, 19__; that I last saw him alive on March 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death ENDOCARDITIS, CHRONIC, RHEUMATIC — Duration UNK

Due to 926

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No 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) No
(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 yes or no)
While at work? (Specify yes or no) Nature of injury

23. Signature L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo Date signed 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

9886

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 Harry 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.