. S. No. 2
0M—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

State File No. 34713

FILED OCT 16 1946

Registration District No. ____ Primary Registration District No. 3064 Registrar's No. 2064

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Ferguson Missouri, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 628 January, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community Life, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Ferguson (If outside city or town limits, write "RURAL") 2

(d) Street No. 628 January, (If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME Alvin F. Kreyling,

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Victoria

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

7. Birth date of deceased February (Month) 22, (Day) 1871 (Year)

8. AGE: Years 75 Months 7 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Printer,

11. Industry or business ____

FATHER
12. Name Unknown 0
13. Birthplace do (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name do 0
15. Birthplace do (City, town, or county) (State or foreign country) 9

16. (a) Informant Ervin Kreyling,

(b) Address 628 January, Ferguson,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery,

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chippewa,

19. (a) 10-4-46 (Date received local registrar) (b) Ruth Callen MD (Registrar's signature) SC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1946, hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 15, 1946, to 1 Oct. 1946; that I last saw him alive on 1 Oct. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular hemmorrhage — Duration 5 days

Due to Hypertensive cardio-vascular-renal disease — yrs

Due to ____

Other conditions (Include pregnancy within 3 months of death) 131-0

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 0

23. Signature Joseph D Jay (M. D. or other) MD

Address 9a N Florissant Ferguson, Mo Date signed 10/3/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1946

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 Elmer R. Caldwell

Licensed Embalmer No. 4077

P. O. Address.....

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.