

FILED DEC 17 1946

State File No. \_\_\_\_\_

Registration District No. 310

Primary Registration District No. 30583

Registrar's No. 184

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:  
St. Joseph Hospital  
(If not in hospital of institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether  
 In this community 3 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles  
 (c) City or town Dardenne  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Kreftmeyer

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 July 14 1877  
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hausburg Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name August Broftmeyer II

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

14. Maiden name Maria

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

16. (a) Informant William Broftmeyer

(b) Address Oversecker Mo

17. (a) Burial (b) Date thereof Dec 5 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dutrow Mo

18. (a) Signature of funeral director W. P. Sullivan

(b) Address Westville Mo

19. (a) Dec 31 46 (b) Namie Hamilton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd  
 year 1946 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 25th 1946 to Dec 2nd 1946  
 that I last saw him alive on Dec 1st 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Virus Pneumonia Duration 3 wks

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

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

Other conditions Gen Arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy 1097

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 A. P. Erieh Schulz (M. D. or other) \_\_\_\_\_

Address St. Charles Mo Date signed 12/2/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

284

Date Filed 12-9-46

District File Number.....

District Health Officer No. 5

RECEIVED

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..... *R. P. Pluman*

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.