

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 14 1947**  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11140**  
Registrar's No. **2433**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3657a Dunnica Avenue**  
(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)

3. (a) PRINT FULL NAME **Christine M. Kreidler**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**  
6. (b) Name of husband or wife **Adolph** 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased **October 18th, 1879**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **10** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **home**

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

12. Name **Bernard Dierkes**

13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Weimiller**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clem Dierkes**

(b) Address **4324 Virginia, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Apr. 1, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**Old S.S. Peter & Paul Cemetery**

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director **Wacker-Heldrich W. & L. Co.**

(b) Address **3634 Gravois St. Louis, Mo.**

19. (a) **MAR 31 1947** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3657a Dunnica Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28th**  
year **1947** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **5/19/1945**  
to **3/28/47** that I last saw him **aw** alive on **3/28/47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**  
Duration **5 minutes**

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

Other conditions **Hypertension**  
(Include pregnancy within \_\_\_\_\_ months of death) **1 1/2 years.**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Edw. Simpson** (M. D. or other) **M.D.**

Address **3739 Gravois** Date **3/29/47**

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

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16/17  
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MOTHER FATHER

**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.....

*Frank J. Sand.*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*St Louis*

**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.**