

No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

FILED JUN 16 1947

State File No. \_\_\_\_\_  
 Registrar's No. 1174

Registration District No. \_\_\_\_\_  
 Primary Registration District No. 3063

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

1. PLACE OF DEATH:  
 (a) County ST. LOUIS COUNTY  
 (b) City or town CLAYTON  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. LOUIS COUNTY HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 HRS.  
(Specify whether  
 In this community 25 YRS  
years, months or days)

3. (a) PRINT FULL NAME NICHOLAS KREUTZMAN  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife BERNAINE  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 5 30 1862  
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 10  
If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HAMBURG GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business \_\_\_\_\_  
 12. Name Kreutzman  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA BURGDOFF  
 (b) Address 8611 FOREST, QUERLAND  
 17. (a) Burial (b) Date thereof JUNE 13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark  
 (b) Address 1125 Hodgkinson Ave.  
 19. (a) 6-12-47 (b) [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ST. LOUIS CO.  
 (c) City or town OVERLAND 96  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 8611 FOREST 13  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month JUNE day 10  
 year 1947 hour 8 minute 50 P.M.  
 21. I hereby certify that I attended the deceased from JUNE  
10 1947 to JUNE 10 1947  
 that I last saw h. in alive on JUNE 10 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Occlusion Duration 4 days  
 Due to Arteriosclerotic Heart Disease ? yrs.  
Process of 7 1/2 yrs.  
 Due to \_\_\_\_\_ ?  
 Other conditions Rt. inguinal hernia  
(Include pregnancy within 3 months of death)  
 PHYSICIAN \_\_\_\_\_  
 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 \_\_\_\_\_  
 23. Signature H. Zaby (M. D. or other) MD.  
 Address 601 BRENTWOOD BLVD. Date signed 6/14/47

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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.....

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

Signed..... *Alfred T. Boedeker*  
Licensed Embalmer No..... *2663*  
P. O. Address..... *1125 Hodiament*

**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.**