S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 367 Primary Registration District No. 6076 Registrar's No. 2184

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 Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County One
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4914 Devenshire 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME KREIDLER, Hanson C.
3. (b) If veteran, name war SPAW
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 Clara B. Kreidler
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July (Month) 1 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Maryland (City, town, or county) 1 (State or foreign country)
10. Usual occupation Railroad Clerk
11. Industry or business Railroad
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery Wacker-Helderle Vol. Fun. Co.
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Cravois Ave., St. Louis, Mo.
19. (a) 10-17-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1947 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from September 17, 1947 to October 15, 1947; that I last saw him alive on October 15, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage due to arteriosclerosis	
Due to 830	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy	

PHYSICIAN
Underline the cause of 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
23. Signature L. E. STILWELL (M. D.)
Address Jefferson Barracks, Mo. Date signed 10/16/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 23 1945

OCT 21 1945

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 Robert O Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.