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#37407

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

24449

FILED AUG 12 1948
318

State File No.

Primary Registration District No. 1003

Registrar's No. 6775

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - ex C. Starkloff
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pod
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 612 Barry
Memorial 23 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

JOHN KREITNER

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, widowed

6. (b) Name of husband or wife Annie Kreitner
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 23, 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 7
 If less than one day hr. _____ min. _____

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Kreitner
 (b) Address Belleville, Ill.

17. (a) removal (b) Date thereof 7/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address Belleville, Ill.

19. (a) AUG 2 1948 (b) J.F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
 year 1948 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from 12/2/47
 to July 30th, 1948
 that I last saw him alive on July 30th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Due to Cerebral arteriosclerosis

Due to Heart PHN

Other conditions (Include pregnancy within 3 months of death) _____

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 Frank R. L. Egloff
1515 Lafayette 7/30/48
(Date received local registrar) (Date signed)

WHILE FILING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6775

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.

Body not embalmed.

Signed

Wm. Gaudin

.....
Licensed Embalmer No.....

.....
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.