

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10285

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3084

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3084			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY MAO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 1036 Grandview Place				0	
3. NAME OF DECEASED (Type or Print) Karl			a. (First)		b. (Middle) Kretzmann		c. (Last)		
4. DATE OF DEATH		April 3, 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH		Febr. 23, 1877		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months		IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Professor			10b. KIND OF BUSINESS OR INDUSTRY Religious Seminary			11. BIRTHPLACE (State or foreign country) Farmers' Retreat, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Carl Kretzmann			13b. MOTHER'S MAIDEN NAME Elizabeth Polack			14. NAME OF HUSBAND OR WIFE Mrs. Thekla Kretzmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Thekla Kretzmann, 1036 Grandview Pl.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Perforating cholecystitis</i>						INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral thrombosis</i>						14 mo.	
		DUE TO (c) <i>83</i>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>3321</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR-TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Feb 1948</i> , 19____, to <i>April 3</i> , 1949, that I last saw the deceased alive on <i>April 3, 1949</i> , and that death occurred at <i>12:5 P. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>R. B. Lasate</i>			23b. ADDRESS <i>3701 Grand St. Sq.</i>			23c. DATE SIGNED <i>4-4-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. APR 5 1949		REGISTRAR'S SIGNATURE <i>R. B. Lasate</i>		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden Funeral Home, Inc. 1936 St. Louis					

(Licensed Embalmer's Statement on Reverse Side)

Louis

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

Embalmer Separate Cert filed APR 6

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

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.