

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14368

BIRTH NO. 49-026274 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robinson Heights</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>5531 Cabanne Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>(Infant)</u> b. (Middle) c. (Last) <u>Kreher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 49</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3/20/49</u>		9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Emery A. Kreher</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Miller</u>		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Emery A. Kreher</u>		ADDRESS <u>5531 Cabanne Ave</u>				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>umbilical 7625</u> DUE TO (c) <u>139</u> II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>3-20</u> , 19 <u>49</u> , to <u>3-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Thomas J. Ambruster</u>			23b. ADDRESS <u>5500 Olive</u>		23c. DATE SIGNED <u>3-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>3/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-21-49</u>		REGISTRAR'S SIGNATURE <u>Thuidy L. Langan MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert J. Ambruster 6633 Clayton Road</u>		

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

96  
688

---

---

**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.

Student .....  
Student Embalmer

Signed Ernest W. Spillers

Licensed Embalmer No. 14680

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.**