

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14506

State File No.

95.4

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 6077 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u> <u>TWP.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>STE. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>65 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>S R # 1 STE. GENEVIEVE, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S R # 1 STE. GENEVIEVE, MO</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>S R # 1 STE. GENEVIEVE, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>HUBER</u> c. (Last) <u>KREITLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct 21 1863</u>	9. AGE (In years last birthday) <u>85</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>RIVER AUX VASES, MISSOURI</u>	

13a. FATHER'S NAME <u>LOUIS HUBER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE GOVREAU</u>		14. NAME OF HUSBAND OR WIFE <u>Nicomenius Kreidler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnetus Kreidler</u> ADDRESS <u>River Aux Vases, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Stenosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NO</u>	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 April 4, 1949, to April 8, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Genevieve, Mo</u>	23c. DATE SIGNED <u>4-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 11 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS PHILIP & JAMES</u>
24d. LOCATION (City, town, or county) (State) <u>River Aux Vases Mo</u>		

DATE REC'D BY LOCAL REG. <u>Apr. 11-49</u>	REGISTRAR'S SIGNATURE <u>L. D. Karl per Tessa M. Karl</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James H. Stanton</u> ADDRESS <u>St. Genevieve, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
File Number 449-5
Date Filed 4-18-4

STATEMENT BY LICENSED EMBALMER

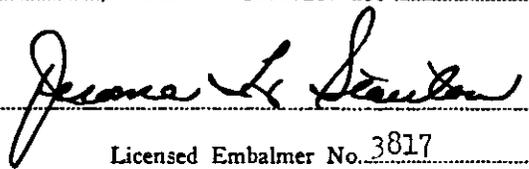
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, Missouri

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.