

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43858  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 930 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>523 N. 3rd., St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Philip</b>		b. (Middle) <b>Joseph</b>	
		c. (Last) <b>Kreitler</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 14 1949</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar 25, 1902</b>
9. AGE (In years last birthday) <b>47/8/19</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Glass Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Glass Mfg.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Kreitler</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Kreitler (Schwent)</b>	
14. NAME OF HUSBAND OR WIFE <b>Philomena Kohler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-03-4907</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Philomena Kreitler Festus, Mo.</b>			
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) <b>Tuberculosis Pulmonary</b> ANTECEDENT CAUSES DUE TO (b) <b>Silicosis</b> DUE TO (c) <b>Long-acted Tuberculosis</b> 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	
20. AUTOPSY? YES <input 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) 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 <b>Oct 23, 1949</b> , to <b>Dec. 14, 1949</b> , that I last saw the deceased alive on <b>Dec 13, 1949</b> , and that death occurred at <b>12:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Harry Goskit M.D.</b>		23b. ADDRESS <b>Festus Mo</b>	
23c. DATE SIGNED <b>Dec 16 '49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/16/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Festus, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Dec 16 1949</b>	REGISTRAR'S SIGNATURE <b>(Please) Bellville</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. W. Wenzel</b>	ADDRESS <b>Festus Mo</b>

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

DATE RECEIVED 1-25-56  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

**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 \_\_\_\_\_

*H. W. Vinyard*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3010

P. O. Address \_\_\_\_\_

*Jefferson 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.