

FILED OCT 19 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 34475

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar No. 178	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Charles		c. LENGTH OF STAY in this place Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1127 North Fourth Street				d. STREET ADDRESS (If rural, give location) 1127 North Fourth Street			
3. NAME OF DECEASED a. (First) George		b. (Middle) J.		c. (Last) Kreutzer		4. DATE OF DEATH (Month) (Day) (Year) October 8 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 6 1889	
9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days		10. IF UNDER 1 HR. Hours Min.		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY R.R. Car & Foundry Co		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Kreutzer		13b. MOTHER'S MAIDEN NAME Mary Brinkhof		14. NAME OF HUSBAND OR WIFE Mary (Tillman) Kreutzer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War I 493-10-3768		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Kreutzer-St. Charles, Mo. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Renal Vascular Disease 3 yrs.  DUE TO (c) —  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Immediate  4/20/51	
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)		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 15 July, 1947, to 8 Oct, 1950, that I last saw the deceased alive on 2 Oct, 1950, and that death occurred at 5:30 Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. L. Lauer				23b. ADDRESS 1144 N. Main St. Charles, Mo.		23c. DATE SIGNED 9 Oct 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 11 1950		24c. NAME OF CEMETERY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE REC'D BY LOCAL REG 10-10-50		REGISTRAR'S SIGNATURE James Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE H. C. Hallmeyer		ADDRESS 800 N. 2nd St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

File No.   
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

OCT 31 1950

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 4189

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Joseph F Landolt  
Licensed Embalmer No. 4189

P. O. Address St. Charles 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.