

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39473

State File No.

0957

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</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 OR TOWN <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u> <u>0957</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>945 MARKET ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>KREITLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 10 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>NOV 19 1876</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RR. CROSSING TENDER</u>	
11. BIRTHPLACE (State or foreign country) <u>RIVER AUXARRES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RR</u>	

13a. FATHER'S NAME <u>FRANK KREITLER</u>		13b. MOTHER'S MAIDEN NAME <u>ALATHA BASKER</u>		14. NAME OF HUSBAND OR WIFE <u>APPLONIA HERZOG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-03-8137</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond T. Kreitler Ste. Genevieve Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		DUE TO (b) <u>Cerebral Apoplexy</u>			<u>2 days</u>	
DUE TO (c) <u>Arterio Sclerosis</u>		DUE TO (b) <u>Cerebral Apoplexy</u>			<u>10 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>260x</u>	
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 1950, to Nov 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 11:5 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur S. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>11-11-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Genevieve M. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rec. Basker Ste. Genevieve, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 21 1950

RECEIVED

DEC 19 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Adrian J. Eiler*

Licensed Embalmer No. *4740*

P. O. Address *Ste. Genevieve 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.