

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6545**  
Registrar's No. **1453**

**FILED** MAR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before education). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2039</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3173 Ivanhoe</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ferdinand</b> b. (Middle) <b>B.</b> c. (Last) <b>Kretz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2 12 52</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/2/04</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Warehouse Supt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tom Boy Inc.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Stephen</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Riess</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Kretz</b>	
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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>489-05-7540</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Kretz</b>		ADDRESS <b>3173 Ivanhoe</b>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Chl. Hegn. Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(2) fatty infiltration of liver</b>				
	DUE TO (b) <b>Chl. subilethal ulcer</b>				
	DUE TO (c) <b>e obstruction</b>			<b>8 yrs.</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>2-5-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Lowest of formation - old thorax ulcer and scar tissue</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? <b>54110</b>	

22. I hereby certify that I attended the deceased from **1-29 1952** to **2-12 1952**, that I last saw the deceased alive on **2-12 1952** and that death occurred at **8:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William W. Farby M.D.</b>		23b. ADDRESS <b>3108 So. Grand</b>	23c. DATE SIGNED <b>2-15-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 15 1952</b>	REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schumacher Und. Co. 3013 Meramec</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

**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.....

*Jack Haupt*

Licensed Embalmer No. *4746*

P. O. Address *St Louis*

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.