

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26014**
6754

FILED JUL 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY S		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) D.O.A.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		d. STREET ADDRESS (If rural, give location) 3908 Shrewsbury Ave. 454	
d. FULL NAME OF HOSPITAL OR INSTITUTION Desloge Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) KRETSCHMER	
c. (Last) KRETSCHMER		4. DATE OF DEATH (Month) (Day) (Year) July 9, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-21-1895
9. AGE (In years last birthday) 57		# UNDER 1 YEAR 5	# UNDER 1 Mts. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Dettenwanger		13b. MOTHER'S MAIDEN NAME Frances Unknown	
14. NAME OF HUSBAND OR WIFE Emil William Kretschmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Emil W. Kretschmer, above		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage massive.		INTERVAL BETWEEN ONSET AND DEATH 30 min	
*This does not mean (As mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Hypertensive Cardio-Vasc. Disease	
DUE TO (b) _____		DUE TO (c) _____	
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 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 _____		443X	
22. I hereby certify that I attended the deceased from 2/10 , 19 48 , to 7/9 , 19 52 , that I last saw the deceased alive on 6/29 , 19 52 , and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE John V. King MD (Degree or title)		23b. ADDRESS 689 E. Big Bend Webster Groves	
23c. DATE SIGNED 7/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-12-52	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.	

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. _____

P. O. Address _____

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.