

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37178

State File No.

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2677

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3908 SHREWSBURY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3908 SHREWSBURY</u>		e. STREET ADDRESS (If rural, give location) <u>3908 SHREWSBURY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>KRETSCHMER, SR.</u>	
c. (Last) <u>KRETSCHMER, SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-21-1866</u>
9. AGE (in years last birthday) <u>86</u>		10. AGE (in years) if UNDER 1 YEAR: Months <u>7</u> Days <u>25</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Locomotive</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Kretschmer</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Pauline</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give post or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>496-18-4358-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary A. Kretschmer, above</u>	
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) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Carcinomatosis</u>	
*This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Carcinoma of Rectum</u>	
II. OTHER SIGNIFICANT CONDITIONS		154X	
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 <u>4/22, 1952</u> , to <u>10/15, 1952</u> , that I last saw the deceased alive on <u>10/14, 1952</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert R. Smith, M.D.</u> (Degree or title)		23b. ADDRESS <u>689 E. Big Bend Webster Groves, Mo.</u>	
23c. DATE SIGNED <u>10/17/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-18-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10/17/52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, MAPLEWOOD 17, MO.</u> ADDRESS	

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 W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.