

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45397**
Registrar's No. **12235**

FILED JAN 19 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 12235			
1. PLACE OF DEATH a. COUNTY 4			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 6-yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Ann's Home, 5301 Page Blvd.			e. STREET ADDRESS (If rural, give location) 6 5301 Page Blvd. 2059						
3. NAME OF DECEASED (Type or Print) Elizabeth Kreutzman			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Dec. 27, 1953			(Month)		(Day)		(Year)		
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Jan. 6, 1872		9. AGE (In years if under 1 year last birthday) 81 Months 11 Days 21 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio 4			12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Thomas Diekel			13b. MOTHER'S MAIDEN NAME Catherine Strodtman			14. NAME OF HUSBAND OR WIFE Edward Kreutzman			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sister Jane Francis, 5301 Page Blvd.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency 17 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 5 Mo DUE TO (c) Arteriosclerosis 2 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 17 days	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4221				
22. I hereby certify that I attended the deceased from Sept 26 1953 to Dec 27, 1953 that I last saw the deceased alive on Dec 23, 1953 , and that death occurred at 3:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Louis W. Termon (Degree or title)					23b. ADDRESS 1303 N. Kingsley Blvd.		23c. DATE SIGNED Dec 28 53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith, and Arthur J. Donnelly			FUNERAL DIRECTOR'S SIGNATURE ADDRESS 0 Lindell Blvd.				

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm J. Saper.....

Licensed Embalmer No. 4699

P. O. Address St. Charles

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.