

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
a. COUNTY _____
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) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 3910 Juniata St. STREET ADDRESS (If rural, give location) 16 3910 Juniata St. 216 1/2

3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE (CELIA) GESINA b. (Middle) _____ c. (Last) KRETZMER 4. DATE OF DEATH (Month) (Day) (Year) July 14 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Oct. 25, 1871 9. AGE (in years last birthday) 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Seamstress 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Hoboken, New Jersey 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Coob Kretzmer 13b. MOTHER'S MAIDEN NAME Trientje Toben 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. 494-05-7964 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Michel 3910 Juniata St.

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) Coronary Thrombosis
ANTECEDENT CAUSES DUE TO (b) arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH sudden many years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from _____, 1946, to 7-14, 1954, that I last saw the deceased alive on 7-14, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. J. Hoffmann (Degree or title) 23b. ADDRESS 4339 Natural Bridge 23c. DATE SIGNED 7/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE July 17, 1954 24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

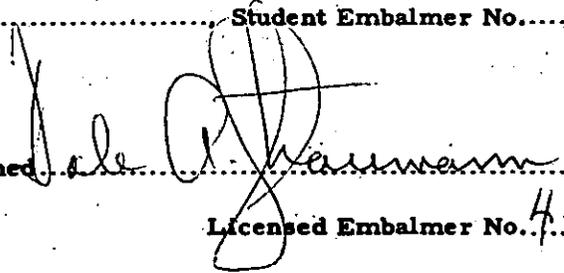
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 15 1954 J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 453

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