

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31122

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8332

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 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 <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		e. STREET ADDRESS (If rural, give location) 24 3111 a Keokuk 2270	

3. NAME OF DECEASED (Type or Print) a. (First) Kreutzberger b. (Middle) c. (Last) Anna			4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 6, 1866	9. AGE (In years) (last birthday) 88	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 1 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Delbrugge		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gotlieb (Deceased)	
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 Frances Burke 3111a Keokuk	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ischaemic Heart</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senile</i> DUE TO (c) <i>Ca Meas</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E904.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>city 1 Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-13-55 2 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>no one knows.</i>	

22. I hereby certify that I attended the deceased from 9-14, 1955 to 9-19, 1955, that I last saw the deceased alive on 9-19, 1955, and that death occurred at 3:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>M B Cappel</i>	(Degree or title)	23b. ADDRESS <i>3284 Probas one</i>	23c. DATE SIGNED <i>9/24/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE Sept. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. SEP 22 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Schumacher 3013 Meramec St.
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m & B (Licensed Embalmer's Statement on Reverse Side)

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

DR P. B. CAPPEL
IVANHOE & Fyler
3284
Main 5-2507
11 To 12 Weeks

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 *V E Morris*.....

Licensed Embalmer No. *33*.....

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