

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN RIVER AUX VASES	
c. LENGTH OF STAY (In this place) 29 DAYS		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 VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) ANTHONY		4. DATE OF DEATH (Month) (Day) (Year) 5-5-56	
a. (First)		b. (Middle)	
c. (Last) KREITLER			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-16-95
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FACTORY	11. BIRTHPLACE (City and State or Foreign Country) RIVER AUX VASES, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME GOTTFRIED KREITLER		13b. MOTHER'S MAIDEN NAME TERESA KIST	14. NAME OF HUSBAND OR WIFE EDITH KREITLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WW-1		16. SOCIAL SECURITY NO. 489 03 4241	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS., 915 N. GRAND, ST. LOUIS, MO.
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) RHEUMATIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 4/6+	
20. AUTOPSY? YES <input checked="" 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?			
22. I hereby certify that I attended the deceased from 4-6 , 19 56 , to 5-5 , 19 56 , and that death occurred at 5:40p m. , from the causes and on the date stated above.			
23a. SIGNATURE D.G. ROMER (Degree or title) M.D.		23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.	
23c. DATE SIGNED 5-5-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-6-56	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.	
DATE REC'D BY LOCAL REG. MAY 7 1956		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.	

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

MAY 29 1956

JUN 5 1956

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.....
J Wm B Embler

Licensed Embalmer No. 365

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.