

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **29668**
Registrar's No. **7064**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7064	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 18 days		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 ST. LOUIS CHRONIC HOSPITAL 2147 5620 Nottingham				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) _____ c. (Last) KREUTZ			4. DATE OF DEATH (Month) (Day) (Year) July 28-1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, Y WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-21-1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ? Kalinwaski		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE John Kreutz.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Kreutz, 5251 Walsh			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous							1 mo.
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) 171x			
				DUE TO (c) Aquarium Cell C.A. - Genix			2 yrs.
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Chronic Byselousophitis			1 mo.
19a. DATE OF OPERATION 10/26/55		19b. MAJOR FINDINGS OF OPERATION Cervical Biopsy - Aquarium Cell C.A.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., at or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 July 10, 1957 , to July 28, 1957 , that I last saw the deceased alive on July 27, 1957 , and that death occurred at 1:05 AM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John M. Beckham, M.D.				23b. ADDRESS 5800 Arsenal		23c. DATE SIGNED 7/28/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-31-1957	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
DATE REC'D BY LOCAL REG. JUL 29 57		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN'S, 2301 Lafayette Ave.			

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.....
James R. Chapman

Licensed Embalmer No. *45*

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.