

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH46593  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3003

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton, Mo.		a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ferguson Wentzville, Mo. 4008		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. County Hosp. DOA				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 9725 Venice Ave.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. MONTH DAY YEAR	
First Edwin		Middle Claus		Last Kreftmeyer		11 27 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/14/1880	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmaker				10b. KIND OF BUSINESS OR INDUSTRY Watchmaking		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Herman H. Kreftmeyer				14. MOTHER'S MAIDEN NAME Elizabeth Spoeneman			
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. 496-22-4951		17. INFORMANT Address Mrs. Opal Kreftmeyer 9725 Venice Av	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemorrhage, multiple fractures and shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck by car while crossing West Florissant Rd.			
20c. TIME OF INJURY Hour 7:00 p. m. 11/27/57				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) public road			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20f. CITY, TOWN, OR LOCATION Ferguson, 136 St. Louis Mo.		20g. COUNTY STATE St. Louis Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at About 7 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Herbert P. Drehmann Coroner				22b. ADDRESS Clayton, Mo.		22c. DATE SIGNED 12/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11/30/57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union Blvd.				25. DATE RECD. BY LOCAL REG. 11-29 59		26. REGISTRAR'S SIGNATURE Herbert P. Drehmann	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service  
300  
1-56  
3  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Warren A. Carver* .....

Licensed Embalmer No. *35* .....

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.