

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010580
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Charles				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 725 Monroe St.			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 725 Monroe		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henry C. Kreutzer				4. DATE OF DEATH Month Day Year Mar. 29, 1959				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 28, 1897		9. AGE (In years last birthday) 61	10. FUNDER 1 YEAR Months Days 11 1	11. IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Inspector			10b. KIND OF BUSINESS OR INDUSTRY Int'l Shoe Co.		11. BIRTHPLACE (City and state or country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Kreutzer			13b. MOTHER'S MAIDEN NAME Mary Brinkhoff			14. NAME OF HUSBAND OR WIFE Agnes Linhoff		
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. 492-10-9955		17. INFORMANT Address Mrs. Theola M. Mersch, St. Charles, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Carcinoma of larynx							INTERVAL BETWEEN ONSET AND DEATH 2 days 2 mo 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 161X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from January 1955 to March 1959 and last saw him alive on March 29, 1959 Death occurred at 5:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. H. Dellmeyer (Degree or title) MD				22b. ADDRESS St. Charles, Mo			22c. DATE SIGNED March 31, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 1, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		23d. LOCATION (City, town, or county) St. Charles,		STATE Mo.	
24. FUNERAL DIRECTOR H.C. Dellmeyer & Sons, St. Charles,				ADDRESS No.		25. DATE RECD. BY LOCAL REG. MAR 31-59	26. REGISTRAR'S SIGNATURE Macees Wilson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare
Public Service

300
-57

All diseases in Part I must be causally related.

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 *Frank R. Malone*
Licensed Embalmer No. *4835*
P. O. Address *St. Charles*

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.