

FILED VS NOV 30 1959

59-041187

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3057 Registrar's No. 134

ENDED

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>PERRYVILLE</u>		Length of stay in 1b OR TOWN <u>5 WEEKS</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>483 ROBERTS</u>			
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ISABORE</u> Last <u>KREITLER</u>				4. DATE OF DEATH Month <u>NOV</u> Day <u>13</u> Year <u>1959</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4/4/86</u>			
				9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WEINGARTEN MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>LEO KREITLER</u>			13b. MOTHER'S MAIDEN NAME <u>ROSINA BECK</u>			14. NAME OF HUSBAND OR WIFE <u>ROSE JOGLERST</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>489-10-1925</u>		17. INFORMANT <u>Rose Kreitler Dr. Sweman Mo</u>		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAL DECOMPENSATION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROTIC HEART DISEASE</u>							<u>10 YRS</u>		
DUE TO (c) <u>GENERALIZED ARTERIO SCLEROSIS</u>							<u>10 YRS</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>PLEURAL EFFUSION OF CHEST</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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									
20d. INJURY OCCURRED WHILE AT WORK <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 <u>3-6-59</u> to <u>11-13-59</u> and last saw ^{her} him alive on <u>11-13-59</u> Death occurred at <u>7:45</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W. De Genova MD</u>					22b. ADDRESS <u>Ste Genevieve, Mo</u>			22c. DATE SIGNED <u>11-15-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/16/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>		23d. LOCATION (City, town, or county) (State) <u>STE GENEVIEVE MO</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Geo. C. Bach Dr. Sweman Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-19-59</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zollner</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 1 1959

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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 Adrian J. Eller

Licensed Embalmer No. 4740
P. O. Address Ste. Geneva

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.