

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047466

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 750

Primary Registration District No. 559v

Registrar's No. 105

FILED DEC 28 1962

VS 300  
Rev. 4/59

10500

205062

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rural Hoachim Twp.</u>  |   | c. CITY OR TOWN <u>Festus</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Jefferson Memorial Hosp.</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>523 N. 3rd</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Philomena</u> Middle <u>Regina</u> Last <u>Kreitler</u>  |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>20</u> Year <u>1962</u>  |   |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>3/26/1900</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>--</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Zell, Mo.</u>                        |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13. FATHER'S NAME<br><u>Frank Kohler</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Anna Gerstner</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Phillip Kreitler</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   |
| 17. INFORMANT<br><u>Mrs. Jess Barker, 15 Flora Dr., Festus, Mo.</u>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)<br><u>Pleural effusion, pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br><u>metastasis of carcinoma</u><br>DUE TO (c)<br><u>Carcinoma of breast</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>17 months</u><br><u>1 1/2 years</u><br><u>30 years</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   | 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>12/15</u> to <u>12/20</u> and last saw her alive on <u>12/20</u><br>Death occurred at <u>8</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)  |   | 22b. ADDRESS<br><u>Box 146 Crystal City, Mo.</u>  | 22c. DATE SIGNED<br><u>12/21/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>12-24-62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Catholic Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Crystal City, Mo.</u> (State)             |
| 24. FUNERAL DIRECTOR<br><u>Vinyard Fun'l. Homes, Inc., Festus, Mo.</u> ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><u>12-21-62</u>   | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                                       |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATE BOARD OF HEALTH

**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 Donald W. Wingard

Licensed Embalmer No. 46608

P. O. Address Festus, Mo.

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.