

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20790

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township St. Charles Primary Registration District No. 6748K
 City St. Charles St. Marys Hospital St. _____ Ward _____
 2. FULL NAME Bridget A. Kretzer
 (a) Residence, No. 5816 Waterman St. _____ Ward. St. Louis 2nd
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Kretzer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4 - 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 10
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 13. NAME John S. Dillon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 15. MAIDEN NAME Alicia Birchby
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT Mrs. Alexis Herbig (ADDRESS) 5816 Waterman
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery June 17 1932
 19. UNDERTAKER (ADDRESS) Thos. Kretzer 2406 Grappes Ave
 20. FILED 6/15 1932 G. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 14 1932, to June 14 1932.
 Last saw her alive on June 14 1932. Death is said to have occurred on the date stated above, at 4:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Chronic Hypertension
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) William O. Winter M. D.
 (Address) 3325 S. Grand Blvd

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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