SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH SEP 10 1937
County 2
Township 1
City St.Louis Mo. (No. 3222 California Ave St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 28916
Registered No. 7549

2. FULL NAME Baby Kretzer
(a) Residence, No. 3222 California St., 24 Ward.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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.

FATHER
13. NAME Edward Kretzer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis Mo.

MOTHER
15. MAIDEN NAME Josephine Topp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.Louis Mo.

17. INFORMANT (ADDRESS) Edward Kretzer 3222 California Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter & Paul Aug 9th 1937

19. UNDERTAKER (ADDRESS) Thos. Lutis 2906 Gravois Ave.

20. FILED AUG 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1937, to Aug 9, 1937
I last saw h.... alive on Stillborn, 19.... Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn.	
Due to Cord Strangulating child	30 mins

Other contributory causes of importance:

Strangulated Umbilical Cord

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) R. Julius Clark Kater, M. D.
(Address) 2603 Cherokee St

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.

I X9314