

No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36772

State File No.

9002

Registration District

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3931 Federer Pl. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community life  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3931 Federer Pl.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11  
year 1941 hour 10 minute 35 P.M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of Throat  
self inflicted with butcher knife  
in the basement of his home 3931  
Federer Pl., on November 11th, 1941,  
Due to at about 10:35 P.M.

Due to SUICIDE.  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 11-11-1941  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

(Specify type of place)  
While at work? (b) Means of injury.....  
23. Signature Thomas J. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 11/13/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3. (a) PRINT FULL NAME William Kretschmar  
3. (b) If veteran, name war..... 3. (c) Social Security No. none  
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased September 16 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>1</u>	<u>25</u>	hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Salesman  
11. Industry or business Meat Company  
12. Name Ernst Kretschmar  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Tschudi  
15. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant Augusta Kretschmar  
(b) Address 3931 Federer Pl.  
17. (a) Burial (b) Date thereof 11-11-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director John J. Ziegenhain  
(b) Address 29 7087 Gravois Ave  
19. (a) NOV 13 1941 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *C. P. Kidwell*  
Licensed Embalmer No. *3877*  
P. O. Address *7027 Gravois*

**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 this body is not embalmed, fact should be so stated above.**