. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5378

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1296

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: De Paul Hosp. O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 4610a St. Ferdinand (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Edna Kretchmer
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Louis J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 21 (Day) 1903 (Year)

8. AGE: Years 40 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Campbell (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name James Glymer
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Vanerpool
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louis Krechmer
(b) Address 4610a St Ferdinand
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ship to Illmo, Mo
18. (a) Signature of funeral director W. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) FEB 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1944 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Jan 31, 1944 to Feb 8, 1944 that I last saw her alive on Feb 7, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis - Toxaemia	2-3 days
Due to Gangrene of Ileum	acute
Due to Cause unknown	
Other conditions Diabetes (Include pregnancy within 3 months of death)	?

Major findings: Of operations Gangrenous Ileum about 1 1/2 feet
Of autopsy Refused

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) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury O

23. Signature Eugene Kopler (M. D. or other) MD
Address 4468 Delmar Date signed 2/9/44

(Licensed Embalmer's Statement on Reverse Side)

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. L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.