

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15789

State File No. _____

FILED MAY 8 1944

Registration District No. 3069

Primary Registration District No. 3069

Registrar's No. 1007

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 YRS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County St. Louis

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5216 WREN AVE.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN KRETSCHMER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 28
year 1944 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M.O.

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TILLIE WITTE

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: SEPT 22 1877
(Month) (Day) (Year)

Immediate cause of death: cerebral hemorrhage

Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 66 Months 7 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace: GERMANY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: g. 2

Of autopsy: _____

10. Usual occupation _____

11. Industry or business WHITE BAKING CO.

12. Name THOMAS KRETSCHMER

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name ROUISE

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature D. W. Wasson (M. D. or other) MD
Address St. Louis, Mo. Date signed 4/29/44

16. (a) Informant Mrs. Tillie Kretschmer

(b) Address 5216 Wren Ave.

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof MAY 2 1944
(Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Beckwith Funeral Home

(b) Address 1926 W. Louis Ave.

19. (a) MAY 1 - 1944
(Date received local registrar)

(b) C. D. McLawrence
(Registrar's signature)

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

66
66

REG. 3737

AUG 9 1945

MAY 17 1944

AUG 7 1944

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.....
G. W. Hayes

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

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.