

FILED DEC 2 1946 318

1003

Registrar's No. **9845**

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:  
3448 California Ave.  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... **000**

(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") **2417**

(d) Street No. 3448 California Ave.  
(If rural, give location) **90**

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Henry J. V. Kress

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased October 12 1869  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th  
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7/18 1944 to 11/16 1946  
that I last saw him alive on 11/16 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	1	5	hr. min.
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Immediate cause of death

Ch. Interstitial nephritis 2 years  
Oh. Myocarditis 5 years.

Due to.....

Due to.....

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

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

10. Usual occupation Checker, Shaplieh Hardware Co.

11. Industry or business Retired 10 yrs. (Blindness)

MOTHER FATHER { 12. Name John A. Kress

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

14. Maiden name Helena Heil

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

16. (a) Informant Anna M. Squires

(b) Address 3448 California Ave.

17. (a) Burial (b) Date thereof Nov. 20, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter and Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) NOV 19 1946 (b) J. P. Bredeck  
(Date received local registrar) (Registrar's signature)

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?.....

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature P. M. Hueb (M. D. or other) M.D.

Address 3402 California Date signed 11/18/46

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

37609

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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 *Loran E. Percy*  
Licensed Embalmer No. 4094  
2842 Meramec St.  
P. O. Address St. Louis, Missouri.

**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.**