

38291

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 17 1939

Registrar's No. **10130**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ 1

(b) City or town St. Louis

(c) Name of hospital or institution: Lutheran Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 2 1/2 HRS.
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4625 Alaska
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bertha Kracht 623

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Kracht 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 5 1883
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>56</u>	<u>2</u>	<u>21</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____ 0

12. Name Adolph Zeis 0

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eva Bauer

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Kracht

(b) Address 4625 Alaska

17. (a) Burial (b) Date thereof 11-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wahalla Cemetery

18. (a) Signature of funeral director Thomas H. ...

(b) Address 3013 Meramec

19. (a) NOV 28 1939 (b) J. J. ...
(Date received local registrar) (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1939 hour 12.01 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 20
1939 to Nov 26, 1939
that I last saw her alive on November 26, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Apoplexy

Due to _____
Aortic & Mitral Regurgitation

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

Major findings: None.
Of operations _____

Of autopsy None.

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) (e) Means of injury _____

23. Signature B. W. Klippel, M.D. (M. D. or other)

Address 3235 So. Grand Blvd. Date signed 11/27/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Nov. 5-17-39
1939-1 X19511

3235
Dr. [unclear]
H. [unclear]

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.....

George J. Dubouault Registered Apprentice No.
working under my personal supervision.

Signed *George J. Dubouault*
Licensed Embalmer No. *2986*
P. O. Address *3013 [unclear]*

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, above space should be left blank.