

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis **2**
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5071 WESTMINSTER
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs
In this community 20 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis **12**
(If outside city or town limits write "RURAL")
(d) Street No. 5071 Westminster
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec **23** day _____
year 1980 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov 10
_____, 1980 to Dec 23, 1980
that I last saw him alive on Dec 22, 1980
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction, chronic
Due to: Arteriosclerosis
Duration: 3 months
Due to: _____ 10 yrs

Other conditions: 93C
(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) _____
(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 M. Elmore (M.D. or other) _____
Address 4500 Olive St Date signed Dec 23 80

3. (a) PRINT FULL NAME OLLIE J. KRAFFT

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C.N. KRAFFT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. JUNE 24 - 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Columbus Johnston?
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH FOREMAN
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant S. Murrell
(b) Address 5071 Westminster Pl. St. Louis

17. (a) removal (b) Date thereof Dec 26/80
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hollinsville Ill

18. (a) Signature of funeral director Edmund Klusack
(b) Address Beverly Hills Ill

19. (a) DEC 24 1980
(Date received by local registrar) (Registrar's signature)

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

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 me

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

Signed Geo. M. Schaeppel

Licensed Embalmer No. 1598

P. O. Address Calleville, Va.

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.