Doctor in Hospital and cannot be contacted- Unable to find out whether or not there was a cerebral hemorrhage involved

J Curry

W 21855

RI STATE BOARD OF HEALTH

D CERTIFICATE OF DEATH

State File No. 43011

Registration District No. 200

Registrar's No. 2668

(Name of township)

(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 9543-Baltimore (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATIE KRAZER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John

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

7. Birth date of deceased Aug. (Month) 23 (Day) 1863 (Year)

8. AGE: Years 78 Months 4 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Europe 8 (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER 12. Name John Holman

13. Birthplace (City, town, or county) Europe 8 (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Walter Krazer

(b) Address 9543-Baltimore Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12- -41 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Baumann Bros Inc.

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) DEC 29 1941 (Date received local registrar) (b) E J McLaurin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1941 hour 1 minute 45A. M.

21. I hereby certify that I attended the deceased from Dec 20, 1941, to Dec 28, 1941; that I last saw her alive on Dec 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Right Hemoplegia	3 days
Due to Malignant Hypertension	?
Due to Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	

93 ℓ

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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature Herman J Kloecker (M. D. or other) M D

Address 9621 Rockland Date signed 12-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PE

701 (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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Mo.

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.