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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38342

FILED DEC 8 1948

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 10286

**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: 5206 Idaho Ave.
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

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

(d) Street No. 5206 Idaho Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELMER A. KRAFT

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucile A.

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. (Month) 18 (Day) 1897 (Year)

8. AGE: Years 51 | Months 10 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Automobile Salesman

11. Industry or business Weber Auto Co.

MOTHER FATHER

12. Name Helwig Kraft

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

14. Maiden name Mary Holtgrave

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

16. (a) Informant Lucile A. Kraft

(b) Address 5206 Idaho Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 27 1948 (Date received local registrar) (b) J. B. Lester (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 24 year 1948 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from 6/10/42, 19..., to 11/24, 1948; that I last saw him alive on 11/24/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary Occlusion

Angina Pectoris

Due to

Due to

Other conditions
(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? (Specify type of place)

While at work? (e) Means of Injury

23. Signature C. D. Clay (M. D. or other) M. D.

Address 3150 Morganford Rd. Date signed 11/24/48

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 194

10286

## 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 Edwin M. Dermott

Licensed Embalmer No. 3024

P. O. Address.....

**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.**