

FILED APR 2 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **11033**

9600

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>237</u>	
1. PLACE OF DEATH a. COUNTY St. Louis, County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY St. Louis			
b. CITY OR TOWN Lemay		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Lemay		16	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Hill Road D				d. STREET ADDRESS (If rural, give location) West Mattese, Mo. 00			
3. NAME OF DECEASED a. (First) Anna			b. (Middle)		c. (Last) Kraemer		4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28, 1874	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 8 Days 6		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Waterloo, Ias.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Valentine			13b. MOTHER'S MAIDEN NAME Thekla Arnes		14. NAME OF HUSBAND OR WIFE William Kraemer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William Kraemer ADDRESS West Mattese		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina pectoris ANTECEDENT CAUSES 4202 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 946 Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH about 1 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 3</u> , 19 <u>48</u> , to <u>Mar 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 28</u> , 19 <u>49</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Waldo Hill (Degree or title) MD			23b. ADDRESS 3606 Lemay Kings Bld (2) Mo		23c. DATE SIGNED 3/7/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar. 9, 49		24c. NAME OF CEMETERY OR CREMATORY Assumption		24d. LOCATION (City, town, or county) (State) Mattese, Mo.	
DATE REC'D BY LOCAL REG. 3-10-49		REGISTRAR'S SIGNATURE Shirley L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und., Co ADDRESS 7420 Michigan Ave			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

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. 1