

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4048**
Registrar's No. **175**

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 5017 1/2 King Hill Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) _____ c. (Last) KRAMBA		4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1881
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Yugoslavia
12. CITIZEN OF WHAT COUNTRY? Yugoslavia		13. KIND OF BUSINESS OR INDUSTRY Home	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louis Kramba
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lena Aberle, 609 Hamburg St., City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 year
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Scarlet Malignans		3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis - Mitral Regurgitation		
	DUE TO (c) Bronchial Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) ✓	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 Jan 1, 1952 to Feb 9, 1952, that I last saw the deceased alive on Feb 9, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Collis Broudy M.D.	23b. ADDRESS Northpark Bldg	23c. DATE SIGNED Feb 10 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-11-1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Feb 14, 1952	REGISTRAR'S SIGNATURE Carl C. Coats	446

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

3-10-1881 70 year

MISSOURI

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.