

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29695

State File No. 8007

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>8007</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2069</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>0</b> OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6 5536 Page</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Kraeger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 22, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 11, 1889</b>	9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR Months <b>9</b> Days <b>11</b> Hours <b>11</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chef</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser-Busch</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Charles G. Kraeger</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Bolte</b>		14. NAME OF HUSBAND OR WIFE <b>Mary C.</b>
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 ADDRESS <b>Mary C. Kraeger 5536 Page</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Quaschegnic carcinoma of lung</b>  ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>162X</b>		
22. I hereby certify that I attended the deceased from <b>5/19, 1952</b> , to <b>Aug 22, 1952</b> , that I last saw the deceased alive on <b>8/19, 1952</b> , and that death occurred at <b>2:30 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Shawmiller</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>488 Humboldt</b>		23c. DATE SIGNED <b>8/23/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/25/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 23 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	FUNERAL HOME OR UNDERTAKER'S SIGNATURE ADDRESS <b>P. Smart 1225 Union</b>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John J. Rainey

Licensed Embalmer No. 4108

P. O. Address St. Louis, 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.