

FILED FEB 4 1953

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

2749

State File No. ....  
Registrar's No. .... 2

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. .... 2	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>ST. CHARLES</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>O'Fallon Rural</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>O'FALLON RURAL</b>		d. STREET ADDRESS (If rural, give location) <b>0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Henry</b> c. (Last) <b>Krampe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 31 1953</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Jan. 2 1939</b>		9. AGE (In years last birthday) <b>14</b>	10. UNDER 1 YEAR	11. UNDER 5 YRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>O'Fallon Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Krampe</b>		13b. MOTHER'S MAIDEN NAME <b>Burkemper</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Krampe O'Fallon Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Little's disease</b>						
	DUE TO (c) <b>Secondary to Birth Injury</b>						
	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 <b>351x</b>				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) (Min.)		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 <b>Jan 21, 1953</b> , to <b>Jan 31, 1953</b> , that I last saw the deceased alive on <b>Jan 21, 1953</b> , and that death occurred at <b>8:00 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George R. Sasaki MD</b>				23b. ADDRESS <b>O'Fallon Mo</b>		23c. DATE SIGNED <b>Jan 31, 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B-3-53</b>		24b. DATE <b>Burial</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Paul Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Jan 31-53</b>		REGISTRAR'S SIGNATURE <b>E. A. Keithly</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. A. Keithly</b>		ADDRESS <b>O'Fallon Mo</b>	

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

5920  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed     *E. Keethly*    

Signed.....  
Student Embalmer

Licensed Embalmer No.     822    

P. O. Address     O'Fallon     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.