

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 20 1953
XC-4 269 700
REG# 108344

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 760

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) HERRIN 8120	
c. LENGTH OF STAY (In this place) 32 DAYS		d. STREET ADDRESS (If rural, give location) 812 N. 16th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print) Ernest Stephen KRATSCH			4. DATE OF DEATH (Month) (Day) (Year) 3-9-53		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) DIVORCED 3	
8. DATE OF BIRTH 4-4-04		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME MAX KRATSCH		13b. MOTHER'S MAIDEN NAME HATTIE McPHERSON		14. NAME OF HUSBAND OR WIFE UNKNOWN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RECURRENCE OF CARCINOMA OF NASOPHARYNX		II. OTHER SIGNIFICANT CONDITIONS (1) CRANIAL NERVE INJURY DUE TO PRESSURE (2) STARVATION			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION 2-11-53		19b. MAJOR FINDINGS OF OPERATION: 146X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 VA attended the deceased from 2-5, 1953, to 3-9, 1953 and that death occurred at 2:51A. m., from the causes and on the date stated above.

23a. SIGNATURE Charles H. Sparks		23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.		23c. DATE SIGNED 3-9-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-9-53		24c. NAME OF CEMETERY OR CREMATORY Herrin, Ill.	
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DATE REC'D BY LOCAL REG. 3-9-53		REGISTRAR'S SIGNATURE Herkut R. Domb-M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Storme F.H., Herrin Ill.	
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P.T. (Licensed Embalmer's Statement on Reverse Side)

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 *Ronald O Yabuko*

Licensed Embalmer No. *3967*

P. O. Address *St. Louis*

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.