

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30153**  
**7682**

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>2179</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>17 4163 Cleveland Ave.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>AUGUST</b>			a. (First)	b. (Middle)	c. (Last)	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 4 1953</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widower</b>		<b>8. DATE OF BIRTH</b> <b>June 30, 1865</b>		<b>9. AGE</b> (In years last birthday) <b>88</b>	<b>IF UNDER 1 YEAR</b> Months	<b>IF UNDER 6 HRS.</b> Days	<b>IF UNDER 1 HR.</b> Hours	<b>IF UNDER 15 MIN.</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>R. R. Postal Clerk-U.S. Gov't.</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Newport, Ind. /</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>		

<b>13a. FATHER'S NAME</b> <b>Ignatius Kraft</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Christina Brichler</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Late Clara Kraft</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Felix G. Kraft</b>	
				<b>ADDRESS</b> <b>4163 Cleveland Ave.</b>	

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

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>422.2</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Jan 1, 1865, to Aug 4, 1953, that I last saw the deceased alive on 8-4, 1953 and that death occurred at 12:25 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <i>[Address]</i>		<b>23c. DATE SIGNED.</b> <b>8-5-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>Aug. 6, 1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>AUG. 6 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Kriegshauser</b>	
				<b>ADDRESS</b> <b>4228 S. Kingshighway Bl.</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.....  
Signature of Student Embalmer

Signed, *Richard W. Storvick*

Licensed Embalmer No. 4001

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.