S. No. 300
v. 10.48

FILED NOV 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41466

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2883

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 20 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 4840
d. STREET ADDRESS (If rural, give location): Butler Hill Road

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): KRAEMER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 7, 1885
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fabricator
10b. KIND OF BUSINESS OR INDUSTRY: Nooter Boiler
11. BIRTHPLACE (City and State or Foreign Country): Maxville, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Kraemer
13b. MOTHER'S MAIDEN NAME: Margaret Krupa
14. NAME OF HUSBAND OR WIFE: deceased, Anna Kraemer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 499-01-8367
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John Kraemer, Rt. # 8, Box 1205, Lemay

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral anoxia	19 hrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	irreversible shock	19 hr.
DUE TO (c)	Trauma (Fx tibia)	19 hrs.
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: 8124
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lemay St. Louis 25 Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 7 1953 7:20 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: STRUCK BY AUTOMOBILE WHILE CROSSING ROAD 400

22. *I hereby certify that I attended the deceased from* 11-7-, 1953, *to* 11-8-, 1953, *that I last saw the deceased alive on* 11-8-, 1953, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Victor Jones M. D.
23b. ADDRESS: 601 S. Brentwood, Clayton
23c. DATE SIGNED: 11/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-53
24c. NAME OF CEMETERY OR CREMATORY: Assumption Cemetery
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: 11/9/53
REGISTRAR'S SIGNATURE: Herbert K. Jones M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Fendler Und. Co. 7420 Michigan

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Peterson.....

Licensed Embalmer No. 376

P. O. Address 7420 Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.