

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33518

State File No.

FILED OCT 25 1954

BIRTH NO. _____ REG. DIST. NO. 1110 PRIMARY REG. DIST. NO. 3020 Registrar's No. 160

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WASHINGTON</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HERMANN</u> <u>0371</u>	
		d. STREET ADDRESS (If rural, give location) <u>225 W. 5th ST</u> <u>1</u>	
3. NAME OF DECEASED a. (First) <u>JACOB</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>KRAETTLI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 17-1885</u>
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>DUN DEE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>GEORGE KRAETTLI</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHEA KRAETTLI</u>	
14. NAME OF HUSBAND OR WIFE <u>KATIE KRAETTLI</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WESLEY KRAETTLI. HERMANN Mo</u>	
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) <u>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) 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 <u>4500</u>	
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 <u>2-10, 1954</u> , to <u>10-19, 1954</u> , that I last saw the deceased alive on <u>10-19, 1954</u> , and that death occurred at <u>2:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>		23b. ADDRESS <u>HERMANN, Mo</u>	
23c. DATE SIGNED <u>10-20-54</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>10/22/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LOUTRE ISLAND Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>McKITTRICK Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/22/54</u>		REGISTRAR'S SIGNATURE <u>J.P. Hermann</u> <u>94-1</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>August Blumer</u>		ADDRESS <u>HERMANN Mo</u>	

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 _____

Hugost Blumer

Licensed Embalmer No. 3160

P. O. Address Herrmann 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.