

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44188

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3040

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN Affton <i>4829</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		STREET ADDRESS (If rural, give location) 8529 Kathleen	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) A.	c. (Last) Kratz	4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 14 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8	IF UNDER 2 HRS. Days 16	Hours 	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Worker	10b. KIND OF BUSINESS OR INDUSTRY Electrical Mfg.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Kratz	13b. MOTHER'S MAIDEN NAME -- Schiffler	14. NAME OF HUSBAND OR WIFE Helen A. Kratz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-16-6506	17. INFORMANT'S SIGNATURE OR NAME Henry Kratz	ADDRESS 8529 Kathleen Ave
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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, asthma, 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) Multiple fractures, shock and hemorrhage, suffered while attempting to cross Gravois Rd. at 8801, from the south side to the north, when he was struck by an automobile being operated east by Chas. Hajek.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Affton 4800 St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P) 12/30/54 6:25 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by automobile while crossing Gravois Rd.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold J. Hillmann</i> (Degree or title) Ceremon	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 1/4/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3, 1955	24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
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DATE REC'D BY LOCAL REG. 1/3/55	REGISTRAR'S SIGNATURE <i>Hebert</i>	25 FUNERAL DIRECTOR'S SIGNATURE L. Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

E. P. Kudwell

Licensed Embalmer No. 387

P. O. Address 7027 Ave

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.