

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34927

State File No. 9440

1003

Registrar's No.

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Grand Central Hotel</u>		d. STREET ADDRESS (If rural, give location) <u>523a Market St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter A. Kraeger</u> b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>October 28 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 30th, 1900</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>Henry Kraeger</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Kraeger</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Naomi Johnson (Cousin)</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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>007x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick P. Taylor Corcoran</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>10/31/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/31/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>OCT 29 1955</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith - MD</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Kraeger Funeral Directors</u>	ADDRESS <u>6402 N. Kingshighway</u>
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(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

J. W. Dunkley

Licensed Embalmer No. _____

3653

P. O. Address _____

St. Louis 8 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.