

FILED APR 10 1956 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3171**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	a. STATE MISSOURI b. COUNTY JEFFERSON
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE		c. CITY OR TOWN FESTUS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED a. (First) HENRY		b. (Middle)	c. (Last) KRATZER
4. DATE OF DEATH (Month) (Day) (Year) MAR 26, 1956		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH DEC 1, 1884	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOWLING ALLEY PROP.	
11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY KRATZER		13b. MOTHER'S MAIDEN NAME AGATHA KRETZLER	
14. NAME OF HUSBAND OR WIFE KATHRYN CANEPA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ROSEMARIE MANGIN, 601 WARNE, FESTUS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		ANTECEDENT CAUSES		DUE TO (b) Nephroclerosis + Pyelonephritis	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) prostatic hypertrophy		DUE TO (c) none	
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 610x	
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)		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 3-5 , 19 56 , to 3-26 , 19 56 , that I last saw the deceased alive on 3-26 , 19 56 , and that death occurred at 4:40 P.M. , from the causes and on the date stated above.		23a. SIGNATURE M. Kneibman MD (Degree or title)	
23b. ADDRESS 2906 Union		23c. DATE SIGNED 3-26-56		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE MAR. 28, 1956		24c. NAME OF CEMETERY OR CREMATORY FESTUS CATHOLIC		24d. LOCATION (City, town, or county) (State) FESTUS, MISSOURI	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Keith B. Vinyard ADDRESS Festus, Mo.	

(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.....
Signature of Student Embalmer

Signed *Keith B. Vinson*
.....

Licensed Embalmer No. *49*

P. O. Address *Fector,*

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