S. No. 300
v. 10.48

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

FILED SEP 26 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32181

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8136

**1. PLACE OF DEATH**
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (In this place) 30 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthonys

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN Kimmswick
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED** (Type or Print)
a. (First) Vernon
b. (Middle) Earl
c. (Last) Kraemer

**4. DATE OF DEATH** (Month) Sept (Day) 2 (Year) 1956

**5. SEX** M
**6. COLOR OR RACE** Cau
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married
**8. DATE OF BIRTH** Feb 3, 1937
**9. AGE** (In years last birthday) 19 — 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) Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY** Contractor
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** William Kraemer
**13b. MOTHER'S MAIDEN NAME** Eunice Green
**14. NAME OF HUSBAND OR WIFE** SINGLE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
**16. SOCIAL SECURITY NO.** 498-34-6038
**17. INFORMANT'S SIGNATURE OR NAME** Pernie Green **ADDRESS** Kimmswick, Missouri

**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) Fracture of Skull; Brain Injury; Suffered in collision between car operated by deceased and car operated by Robert Rehm, on Highway #61 near Festus, Mo., in Jefferson County Sept 1, 1956. Cause and manner of same could not be determined

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 ☒ NO ☐

**21a. ACCIDENT, SUICIDE, HOMICIDE** (Specify) Jury Verdict
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** near Festus (Jefferson) Mo
**21d. TIME OF INJURY** (Month) Sept (Day) 1 (Year) 56 (Hour) ? m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**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 1:20 A m., from the causes and on the date stated above.*

**23a. SIGNATURE** James M Kelly (Degree or Title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 9-3-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Sept 5 1956
**24c. NAME OF CEMETERY OR CREMATORY** St. Josephs Cemetery
**24d. LOCATION** (City, town, or county) Kimmswick, Missouri (State)

DATE REC'D BY LOCAL REG. SEP 4 1956
REGISTRAR'S SIGNATURE Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** HEILIGTAG FUNERAL HOME **ADDRESS** Imperial Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision.:

Student.....
Signature of Student Embalmer

Signed. Harvey Kahle

Licensed Embalmer No. 4591e.

P. O. Address St. Louis 9

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