

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14913**  
Registrar's No. **3033**

FILED APR 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SST. LOUIS</b>		c. LENGTH OF STAY (If applicable place) <b>69 YRS.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD</b> b. (Middle) <b>W</b> c. (Last) <b>KRAEGER, SR.</b>		4. DATE OF DEATH <b>MARCH 26, 1957</b>		5. STREET ADDRESS (If rural, give location) <b>6143 NO. POINTE</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 22, 1888</b>	9. AGE (In years less birthday) <b>69</b>	10. IF UNDER 1 YEAR: Days <b>1</b> Hours <b>4</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FUNERAL DIRECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>LEONARD W KRAEGER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET OPAL</b>	
13c. NAME OF HUSBAND OR WIFE <b>OLGA KRAEGER</b>		14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		15. SOCIAL SECURITY NO. <b>492-059869</b>	
16. INFORMANT'S SIGNATURE OR NAME <b>MRS. L. KRAEGER</b>		17. ADDRESS <b>6143 NO. POINTE</b>		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.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis arteri Septalis</b>		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocard thrombus</b> <b>diabetes mellitus</b> DUE TO (c) <b>Q.S. H.A.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>5 yrs</b> <b>5 yrs</b>	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary Thrombosis art. minal 1951</b>		21. DATE OF OPERATION <b>260x</b>		22. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
23. ACCIDENT SUICIDE HOMICIDE (Specify)		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
26. TIME OF INJURY (Month) (Day) (Year) (Hour)		27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from <b>Oct</b> , 19 <b>50</b> , to <b>3-26</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>3-26</b> , 19 <b>57</b> , and that death occurred at <b>5:30 P m.</b> , from the causes and on the date stated above.					
30. SIGNATURE <b>W. W. Smith</b>		31. ADDRESS <b>8321 NO. BROADWAY</b>		32. DATE SIGNED <b>3-28-57</b>	
33. BURIAL CREMATION REMOVAL (Specify) <b>REMOVAL</b>		34. DATE <b>MARCH 29, 1957</b>		35. NAME OF CEMETERY OR CREMATORY <b>FRIEDEN'S CEMETERY</b>	
36. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>		37. DATE REC'D BY LOCAL REG. <b>MAR 28 57</b>		38. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
39. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H. INC.</b>		40. ADDRESS <b>1936 ST. LOUIS AVE.</b>			

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 David Russell

Licensed Embalmer No. 459

P. O. Address A. Town

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.