

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 6 5 7  
State File No. ....

FILED JUN 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5469

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
TOWN St. Louis c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
01 3627 Folsom Ave. e. STREET ADDRESS (If rural, give location)  
2179 0 3627 Folsom Ave.

3. NAME OF DECEASED a. (First) Josephine b. (Middle) B c. (Last) Kraft 4. DATE OF DEATH June 10 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH January 26, 1873 9. AGE (In years last birthday) 84 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Austin, Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Whitefield Crawford 13b. MOTHER'S MAIDEN NAME Jenny UNK 14. NAME OF HUSBAND OR WIFE Max W. Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Biermann ADDRESS 5337 Mardel

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\* Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 6 yr.  
ANTECEDENT CAUSES Diabetes mellitus DUE TO (b) 12 yr.  
DUE TO (c) 260x  
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? 2  
YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from now 1948, to 6/10, 1957, that I last saw the deceased alive on 6/9, 1957, and that death occurred at 3:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Harris M.D. 23b. ADDRESS 5298 a Page Ave. 23c. DATE SIGNED 6/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 6-12-1957 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUN 12 '57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 Lafayette Ave.

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.....  
*Thomas R. Fenwick*

Licensed Embalmer No. 379-

P. O. Address 3125 Lefby

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.