

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26300

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1507

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <u>1</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		Length of stay in lb 3 da		STREET ADDRESS 818a Bittner (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DOROTHEA Middle KRANKEOLA Last KRANKEOLA				4. DATE OF DEATH June 12th, 1957 Month Day Year				
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 24th, 1884		
9. AGE (In years of birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Venice, Ill		12. CITIZEN OF WHAT COUNTRY? Ill	
13. FATHER'S NAME Schmidt				14. MOTHER'S MAIDEN NAME not known				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 492-32-4218		17. INFORMANT Melba Krankeola, 818a Bittner Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ac. coronary occlusion</u> DUE TO (b) <u>Arteriosclerotic CV disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>Diabetes mellitus</u>							INTERVAL BETWEEN ONSET AND DEATH 3 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>Aug 1, 1956</u> to <u>June 12, 1957</u> and last saw her <u>alive</u> on <u>June 12, 1957</u> Death occurred at <u>5 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated								
22a. SIGNATURE (Degree or title) <u>H. Oppenheimer, M.D.</u>				22b. ADDRESS <u>935 N. Central Ave, Clayton, Mo</u>		22c. DATE SIGNED <u>June 13, 1957</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
removal		6/15/57		Calvary Cemetery		St. Louis, Mo.		
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry			25. DATE RECD. BY LOCAL REG. 6-13-57		26. REGISTRAR'S SIGNATURE Herbert A. Dombek			

Name of Deceased _____
 Address _____
 City _____ State _____
 Date of Death _____
 Cause of Death _____
 Place of Death _____
 Name of Embalmer _____
 Address _____
 City _____ State _____
 License No. _____
 Date of Embalming _____

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 *Elmo R. Padwell*

Licensed Embalmer No. 407

P. O. Address St. Louis

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.