Health, Welfare Public Service

300 4
1-56

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32704
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN: Eldon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): EL RANCHO NURSING HOME — Length of stay in Ib:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 920 Bermuda — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Emma Middle: Julia Last: Kraemer

4. DATE OF DEATH: Month: Aug. Day: 25 Year: 1957

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 8, 1878
9. AGE (In years last birthday): 78 — 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): Invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Casper H. Kraemer
14. MOTHER'S MAIDEN NAME: Louisa Ebeler
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.: None
17. INFORMANT: C. J. Young Address: Normandy, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senility 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 25 Aug 57, to 25 August 1957 and last saw her/him alive on 25 Aug 1957
Death occurred at 2:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carl J. Buehler (Degree or title) MD
22b. ADDRESS: Eldon Mo
22c. DATE SIGNED: 8-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 28, 1957
23c. NAME OF CEMETERY OR CREMATORY: Friedens
23d. LOCATION (City, town, or county) (State): St. Louis, Co. Mo.

24. FUNERAL DIRECTOR: Louis D. Phelps ADDRESS:
25. DATE RECD. BY LOCAL REG.: Aug. 28, 1957
26. REGISTRAR'S SIGNATURE: Alverretta Walt

(Licensed Embalmer's Statement On Reverse Side)

192 0

RECEIVED
SEP 23 '57
Miller County
Health Department

SEP 24 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phill

Licensed Embalmer No. 36

P. O. Address Eld

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