

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46683

State File No.

FILED DEC 30 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3138

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO,</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>		c. CITY OR TOWN <u>UNION</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 weeks</u>		f. STREET ADDRESS (If rural, give location) <u>105 N. Oak St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRMA</u>	b. (Middle) <u>CATHERINE</u>	c. (Last) <u>RAPP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 20 1893</u>	9. AGE (In years last birthday) <u>64</u>	10. MONTHS <u>64</u>	11. DAYS <u>64</u>	12. HOURS <u>64</u>	13. MIN. <u>64</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RECEPTIONIST</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNION, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ANTON KRAMOLOWSKY</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA DIETZ</u>	14. NAME OF HUSBAND OR WIFE <u>LEE RAPP</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>489-29-4243</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY CATHERINE MARTIN</u>	ADDRESS <u>UNION, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>5810</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov, 1957, to Dec 11, 1957, that I last saw the deceased alive on 12/11, 1957, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Ostrom</u>	23b. ADDRESS <u>333 d Kirkwood Road, Kirkwood Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-14-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>	24d. LOCATION (City, town, or county) (State) <u>UNION, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-13-57</u>	REGISTRAR'S SIGNATURE <u>Richard W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Ostrom</u>	ADDRESS <u>UNION, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 30 1957

SEP 4 1962

VS OCT 22 1959

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 *Ernest L. Ottman*

Licensed Embalmer No. *4054*

P. O. Address *Union N.*

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.