

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

3173

STATE FILE NUMBER

840

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION 2414A S. 13th  |  | Length of stay in 1b  | d. STREET ADDRESS 2317 2414A S 13th   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Mary A. Kralemann  |  |   | 4. DATE OF DEATH<br>Month Day Year<br>1 21 58   |  |   |
| 5. SEX F   | 6. COLOR OR RACE W   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br>6/22/1872                        | 9. AGE (In years last birthday)<br>85   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br>Germany   |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13. FATHER'S NAME<br>John Schulze  |  |   | 14. MOTHER'S MAIDEN NAME<br>Anna Heidemann  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |  | 16. SOCIAL SECURITY NO.<br>none   | 17. INFORMANT Address<br>Estella Dees 2414A S. 13th   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Heart Failure, congestive, with Coronary Arteriosclerosis</i><br>DUE TO (b) <i>General Arteriosclerosis, Severity</i><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br>420.1 |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>2   |
| 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.) |   |   |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m.<br>p. m.   |  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT <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 <i>July 1, 1957</i> to <i>July 26, '58</i> and last saw her alive on <i>1-20-58-11 p.m.</i><br>Death occurred at <i>11 P. m on the date stated above; and to the best of my knowledge, from the causes stated.</i>  |  |   |   |  |   |
| 22a. SIGNATURE<br><i>Wm. P. Schumacher</i><br>(Degree or title)<br><i>M.D.</i>   |  | 22b. ADDRESS<br><i>1115 Victor Str. St. Louis<br/>Tel. Br. 1-0078</i>   |   | 22c. DATE SIGNED<br><i>1-23-58</i>                   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>removal</i>  | 23b. DATE<br><i>1/24/58</i>  | 23c. NAME OF CEMETERY OR CREMATORY<br><i>St. Peters</i>   | 23d. LOCATION (City, town, or county) (State)<br><i>St. Louis Co. Mo.</i>                                       |  |   |
| 24. FUNERAL DIRECTOR<br><i>Schumacher Inc. 3013 Meramec</i>  |  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><i>JAN 23 '58</i>   | 26. REGISTRAR'S SIGNATURE<br><i>J. Carl Smith MO</i> |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Jack Haupt*.....

Licensed Embalmer No..... *4*.....  
P. O. Address *St. Louis*.....

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