

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019874

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5329

300
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

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, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) Lutheran Hospital		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) 5755 Tholozan
3. NAME OF DECEASED (Type or print) First MIDDLE LAST ALBERT GEORGE KRATZ		4. DATE OF DEATH Month Day Year May 19, 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1877
9. AGE (In years last birthday) 81		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) Retired Executive Officer		100. KIND OF BUSINESS OR INDUSTRY Delmar Mfg. Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME Albert Kratz		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT Address Mrs. Mamie Kratz, 5755 Tholozan	
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.	
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>ARTERIOSCLEROTIC HEART DISEASE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CONTUSSION LEFT CHEST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u> <u>YEARS</u>
19a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 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>MAY 13, 1958</u> to <u>MAY 19, 1958</u> and last saw ^{her} alive on <u>MAY 19, 1958</u> Death occurred at <u>10:30</u> B. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) <u>George A. Plamondon MD</u>		22b. ADDRESS <u>5203 Chippewa</u>	22c. DATE SIGNED <u>5/20/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary, 6464 Chippewa St.		25. DATE RECD. BY LOCAL REG. MAY 20 1958	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. 381

P. O. Address 7814 S.B.

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