Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019352
STATE FILE NUMBER

FILED JUN 1 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4782

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3507 Giles Ave. — Length of stay in 1b: 35-yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri — b. COUNTY c. CITY OR TOWN: St.Louis — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location): 3507 Giles Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Margaret	Middle: D.	Last: Kragh	4. DATE OF DEATH	Month: May	Day: 15,	Year: 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH: Sept. 28,1867	9. AGE (In years last birthday): 91	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): housekeeping	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (City and state or country): St.Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME: ------- Muenz	13b. MOTHER'S MAIDEN NAME: Wilhelmina -----	14. NAME OF HUSBAND OR WIFE: Peter Christian Kragh					
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: Miss Wilma Kragh - 3507 Giles Ave.					

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Carcinoma of Uterus	several
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	with Metastasis	years.
DUE TO (c)	involving Colon.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 174x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 May 11 - 59 to May 15 - 59 and last saw her alive on May 15 - 1959
Death occurred at 1:15 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD

22b. ADDRESS: 3606 Olive

22c. DATE SIGNED: 5/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Burial	May 18,1959	S.S.Peter & Paul Ceme.	St.Louis,	Missouri

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
WACKER-HELDERLE-	3634 Gravois Ave.	MAY 17 '59	Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MJB

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 ..... Signed Frank J. Ryland Sr.
Signature of Student Embalmer

Licensed Embalmer No. 2645

P. O. Address St. Louis Mo.

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.