

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-033994**

**FILED OCT 13 1959**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **8595**

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>1 1/2 days</b>	c. CITY OR TOWN <b>University City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7243 Northmoor Dr.</b>

3. NAME OF DECEASED (Type or print)	First <b>Fred</b>	Middle <b>Carl</b>	Last <b>Kratzmeir</b>	4. DATE OF DEATH	Month <b>Sept.</b>	Day <b>15,</b>	Year <b>1959</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 13/58</b>	9. AGE (last birthday) <b>60</b>	IF UNDER 1 YEAR	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Publishing Agent S/W enr Freight Bureau</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Memphis, Tenn</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Leo Kratzmeir</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Weiss</b>	14. NAME OF HUSBAND OR WIFE <b>Camille F Kratzmeir</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>Yes WW-1</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Fred C Kratzmeir</b>	Address <b>7243 Northmoor Dr</b>
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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 <b>3 days</b>
IMMEDIATE CAUSE (a) <b>Brain aneurysm - internal</b>		
DUE TO (b) <b>Cerebral Hypoxia - massive</b>		
DUE TO (c) <b>581.0</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from **Sept 18-59** to **Sept 15** and last saw <sup>her</sup>him alive on **9-15-59**  
Death occurred at **5:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Donald M. D.</i>	(Degree or title)	22b. ADDRESS <i>Osella Body</i>	22c. DATE SIGNED <b>9-17</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 18/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	23d. LOCATION (City, town, or County) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>Alexander &amp; Sons</b>	ADDRESS <b>6175 Delmar</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 17 '59</b>	26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*mjb*

Dr. Seabold  
Carleton Bldg  
Gal-0070

12 to 2 P.M.

308 N 6 TR ST

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John E. McCulloch

Licensed Embalmer No. 61958

P. O. Address: 1012 Bui

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.