

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 6 4 8

FILED VS. JAN 11 1960

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 211683

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 St. Louis				Length of stay in 1b 8 days		c. CITY OR TOWN Florissant L	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2495 Mullanphy Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN JOSEPH KRAMER				4. DATE OF DEATH Month Day Year Dec. 15, 1959			
5. SEX Male		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 11-12-1900	
				9. AGE (last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Florissant, Mo.	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Henry Kramer				13b. MOTHER'S MAIDEN NAME Gertrude Foeller		14. NAME OF HUSBAND OR WIFE Helen Kramer	
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. 494-42-5566		17. INFORMANT Address Mrs. Helen Kramer, Florissant, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cardiac De compensation</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>420.0</i>							INTERVAL BETWEEN ONSET AND DEATH <i>12 mos</i> <i>5 yrs</i>
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 <i>1957</i> to <i>Present</i> and last saw her/him alive on <i>12/15/59</i> Death occurred at <i>5:00 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Bishop</i> (Degree or title)				22b. ADDRESS <i>Florissant, Mo.</i>		22c. DATE SIGNED <i>12/16/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-18-59		23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) (State) Florissant, Mo.	
24. FUNERAL DIRECTOR The Florissant Mortuary, Florissant, Mo.				25. DATE RECD. BY LOCAL REG. DEC 17 1959		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Gene M. Satchers

Licensed Embalmer No. 4966

P. O. Address Houssaint,

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