

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013482
STATE FILE NUMBER

FILED VS. MAR 20 1960

317 Primary Registration District No. 544 Registrar's No. 745

1. PLACE OF DEATH a. COUNTY St. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD		Length of stay in 1b DAYS		c. CITY OR TOWN SAPPINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11314A GRAVOIS	
3. NAME OF DECEASED (Type or print) First ALVIN Middle KRAIGHER Last KRAIGHER				4. DATE OF DEATH Month MARCH Day 3 Year 1960			
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 2/4/1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER			10b. KIND OF BUSINESS OR INDUSTRY GIPFEL'S MARKET		11. BIRTHPLACE (City and state or country) CHERRY, ILL.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME PETER KRAIGHER			13b. MOTHER'S MAIDEN NAME MARY LUKENAEDOR			14. NAME OF HUSBAND OR WIFE HATTIE	
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. 494-05-5681		17. INFORMANT Address HATTIE KRAIGHER 11314A GRAVOIS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction of myocardium						INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic coronary thrombosis						4 days	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						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 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 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 16 Feb-1960 to 3 March 1960 and last saw him alive on 23 Feb 1960 Death occurred at 3 March 1960, 9:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Jack Barrow MD				22b. ADDRESS 110 S. Central Clayton St		22c. DATE SIGNED 4 March 1960	
23a. BURIAL CREMATION, REMOVAL REMOVAL		23b. DATE 3/7/60	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.		
24. FUNERAL DIRECTOR ADDRESS J L ZIEGENHEIN & SONS 7027 GRAVOIS 3-4-60				25. DATE RECD. BY LOCAL REG. 3-4-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

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 Donald E. Benz

Licensed Embalmer No. 4863

P. O. Address St. Louis,

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