RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025169

FILED VS JUL 7 1960

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1871

STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in 1b 27 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 434 N. Harrison — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 434 N. Harrison — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHRISTOPHER Middle HERMAN Last KRAFT

4. DATE OF DEATH Month June Day 17, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/30/1892
9. AGE (last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Union Elec. Co.
11. BIRTHPLACE (City and state or country) Nevada, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Kraft
13b. MOTHER'S MAIDEN NAME Ann Fleger
14. NAME OF HUSBAND OR WIFE Alice May Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Alice May Kraft, 434 N. Harrison Address Kirkwood, 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) Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart Disease.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None.
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 July 1956, to June 17, 1960 and last saw him alive on June 16, 1960
Death occurred at 10:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert C. Wiegand, Md.
22b. ADDRESS 3750 Washington Blvd.
22c. DATE SIGNED June 18, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 6/20/60
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mortuary, Kirkwood, Mo.
25. DATE RECD. BY LOCAL REG. 6-18-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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