

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044482

FILED NOV 17 1960

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3180 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robster Groves,		Length of stay in 1b 189 days	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital		d. STREET ADDRESS (If outside, give location) 3724 UTAH PLACE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALVENA Middle M. Last KRATZER			4. DATE OF DEATH Month NOVEMBER Day 2 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/31/1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOLS	11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN KRATZER		13b. MOTHER'S MAIDEN NAME ALVIN ANTEMAN		14. NAME OF HUSBAND OR WIFE NEVER MARRIED		

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. NONE	17. INFORMANT HERBERT J. KRATZER	Address SEE #2
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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
IMMEDIATE CAUSE (a) Myocardial Insufficiency		3 days
Hypostatic pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral vascular accident	
DUE TO (c) 331x		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis inanition		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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. 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 11-2-60	COUNTY	STATE
21. I attended the deceased from 4-25-60 to _____ and last saw DECEASED alive on 11-2-60 Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Thomas T. Flynn MD (Degree or title)	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 11-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 11/4/1960	23c. NAME OF CEMETERY OR CREMATORY VALHALLA	23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI		25. DATE RECD. BY LOCAL REG. 11-3-60	26. REGISTRAR'S SIGNATURE John G. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

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 Will E. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis

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.