

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044736

FILED VS NOV 28 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3319 STATE FILE NUMBER

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 AFFTON		Length of stay in lb YRS	c. CITY OR TOWN AFFTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8548 MATHILDA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8548 MATHILDA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ONIEDA JUNE KRATZER			4. DATE OF DEATH Month Day Year NOV 13 1960			
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5. SEX FEMALE	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 NOV 10 1923	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY U-S-A			
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13a. FATHER'S NAME ANTHONY BACHELIER		13b. MOTHER'S MAIDEN NAME PEARL GODIER		14. NAME OF HUSBAND OR WIFE ALVIN KRATZER			
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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) NO	16. SOCIAL SECURITY NO. 486-22-1120		17. INFORMANT Address ALVIN KRATZER 8548 MATHILDA			
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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: IMMEDIATE CAUSE (a) pleural effusion due to cancer of both breasts also metastases to lungs spine and right femur and to anterior chest wall		INTERVAL BETWEEN ONSET AND DEATH	
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)		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	

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.)		
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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 **March 1956** and last saw her ^{her} _{him} alive on **11-9-60**
Death occurred **Nov 13-60** at **10:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph E. Jon Kanel MD		22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 11/14/60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV 16 1960	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	23d. LOCATION (City, town, or county) ST. LOUIS	23e. STATE MO.	
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24. FUNERAL DIRECTOR ADDRESS Thomas Kutis 2906 Gravois	25. DATE RECD. BY LOCAL REG. 11-15-60	26. REGISTRAR'S SIGNATURE John C. Murphy MD			
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

330-5-22-1964

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 Elena Provin

Licensed Embalmer No. 340

P. O. Address 2906 J

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