

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**F-60-048164**

FILED VS JAN 5 1961 317

Registration District No. 541 Primary Registration District No. Registrar's No. 3704

STATE FILE NUMBER

|   |   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN<br><b>Clayton</b>   |   | Length of stay in 1b<br><b>4 mo.</b>   |   | c. CITY OR TOWN<br><b>Clayton</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>6321 Clayton</b>  |   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>6321 Clayton Rd.</b>             |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>John</b> Middle <b>Krautmann</b> Last <b>Krautmann</b>  |   |  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>22</b> Year <b>1960</b>   |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/12/1879</b>                        | 9. AGE (last birthday)<br><b>81</b>  | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>0</b>   | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>         |  | 11. BIRTHPLACE (City and state or country)<br><b>Loose Creek, Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.</b> |
| 13a. FATHER'S NAME<br><b>Hubert Krautmann</b>   |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Samson</b>         |  | 14. NAME OF HUSBAND OR WIFE<br><b>Annie Krautmann</b>  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                      |  | 17. INFORMANT Address<br><b>Joseph Stanton, 6321 Clayton Rd.</b>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b><br>DUE TO (b) <b>Arteriosclerosis general</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months</b><br><b>20 yrs.</b>                |  |
| 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.<br><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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |  |   |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Nov. 14, 1955</b> , to <b>Dec. 22, 1960</b> and last saw <sup>her</sup> him alive on <b>Dec. 21, 1960</b> .<br>Death occurred at <b>6:00 p</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Ch. Bockelman M.D.</b>   |   |  |   | 22b. ADDRESS<br><b>2615 Brentwood Blvd</b>   |  | 22c. DATE SIGNED<br><b>12/23/60</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |   | 23b. DATE<br><b>12-23-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Local Cemetery</b> |  | 23d. LOCATION (City, town, or county) (State)<br><b>Loose Creek, Mo.</b>   |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>   |   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-23-60</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>                              |  |

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 *Frederick J. Kelle*

Licensed Embalmer No. 4596

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.