

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011998

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 630

FILED VS MAR 14 1961

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		c. CITY OR TOWN Affton	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 10001 Lakeside Dr,		d. STREET ADDRESS (If outside, give location) 10001 Lakeside Dr.	

3. NAME OF DECEASED (Type or print) First Clara Middle M Last Kratz			4. DATE OF DEATH Month March Day 5 Year 1961		
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 Jan 8, 1897	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) E St Louis Ill.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Christopher Houser		13b. MOTHER'S MAIDEN NAME Margaret Murphy		14. NAME OF HUSBAND OR WIFE Oliver J Kratz	
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. unk		17. INFORMANT Address Oliver J Kratz 10001 Lakeside Dr.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown natural causes		INTERVAL BETWEEN ONSET AND DEATH
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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.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 St Louis County	STATE Mo.
21. I attended the deceased from July 1958 to June 15, 1960 and last saw her/him alive on June 15, 1960 Death occurred at approx 5:00 A.M on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>John A. Schmitt M.D.</i> (Degree or title)	22b. ADDRESS 6500 Chippewa, St. Louis	22c. DATE SIGNED 3/6/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 8, 1961	23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery
23d. LOCATION (City, town, or county) St Louis County		(State) Mo.

24. FUNERAL DIRECTOR John L Ziegenhein & Sons 7027 Gravois	25. DATE RECD. BY LOCAL REG. 3-6-61	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grace

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.