SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022809
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5678

AMENDED

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

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 ST. Louis — Length of stay in 1b

c. CITY OR TOWN ST. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 4961 Oleatha Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Victor Middle W. Last Krafft

4. DATE OF DEATH Month June Day 17 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Apr 13, 1882

9. AGE (last birthday) 79 — 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) Cooperidge Business

10b. KIND OF BUSINESS OR INDUSTRY Krafft Cooperidge Co

11. BIRTHPLACE (City and state or country) Michigan

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Oscar Krafft

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Kathryn L. Krafft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Kathryn L. Krafft Address 4961 Oleatha Ave.

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) Compound fracture of right knee; intestinal obstruction; Chronic Pancreatitis; suffered when struck by car operated by one, Edna Brynda, on parking lot at 5418 Hampton ave., about 3:15 P.M. May 27, 1961.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) ACCIDENT

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour a.m. p.m. 3:15 Month, Day, Year 5-27-61

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.) 03 PARKING LOT

20f. CITY, TOWN, OR LOCATION St Louis, Mo — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Zuenn Deputy Coron

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 6-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE June 20, 1961

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Witt Bros. L. & U.C. — ADDRESS 6409 Gravois Ave.

25. DATE RECD. BY LOCAL REG. JUN 19 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED 2

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

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 by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address St. Louis,

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