

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-034571

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9107 STATE FILE NUMBER

FILED OCT 13 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH: a. COUNTY:		2. USUAL RESIDENCE (Where deceased lived; If institutions, Residence before admission): a. STATE: <u>MO.</u> b. COUNTY: <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only): OR TOWN <u>ST. LOUIS, MISSOURI</u>		Length of stay, in 1b. <u>2 DAYS</u>	c. CITY OR TOWN: <u>MERAMEC TWSHP.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>BARNES HOSPITAL</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS: <u>Hi # 109</u>
3. NAME OF DECEASED (Type or print) First: <u>FRED</u> Middle: Last: <u>KRAMER</u>		4. DATE OF DEATH: Month: <u>OCTOBER</u> Day: <u>1</u> Year: <u>1961</u>	
5. SEX: <u>M.</u>	6. COLOR OR RACE: <u>W.</u>	7. Married: <input type="checkbox"/> Never Married: <input type="checkbox"/> Widowed: <input checked="" type="checkbox"/> Divorced: <input type="checkbox"/>	8. DATE OF BIRTH: <u>4/8/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>OWN FARM</u>	9. AGE (last birthday): <u>67</u>
10a. FATHER'S NAME: <u>GEORGE KRAMER</u>		11. BIRTHPLACE (City, and state or country): <u>ST. LOUIS CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY: <u>USA</u>
13. MOTHER'S MAIDEN NAME: <u>CATHERINE ST. ONGE</u>		14. NAME OF HUSBAND OR WIFE: <u>CATHERINE KRAMER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>		16. SOCIAL SECURITY NO.: <u>?</u>	17. INFORMANT: <u>Henry Kramer, Cureks Mo.</u>
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: <u>2 DAYS</u>
IMMEDIATE CAUSE (a) <u>ACUTE PULMONARY EDEMA</u>			
DUE TO (b) <u>SUSPECTED AORTIC INSUFFICIENCY, ETIOLOGY UNDETERMINED</u>			UNKNOWN
DUE TO (c) <u>421.1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>THYROID NODULE, BENIGN</u>			PART III. If deceased was female, was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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:	COUNTY: STATE:
21. I attended the deceased from <u>5:00 A.M. SEPTEMBER 30, 1961</u> to <u>OCT. 1, 1961</u> and last saw her/him alive on <u>OCTOBER 1, 1961</u>		Death occurred at <u>10:00 P.M.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated:	
22a. SIGNATURE (Degree or title): <u>C. Camillia, M.D.</u>		22b. ADDRESS: <u>BARNES HOSPITAL</u>	22c. DATE SIGNED: <u>10/2/61</u>
23a. BURIAL CREMATION REMOVAL (Specify): <u>Burial</u>	23b. DATE: <u>10/4/61</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Bethel Cem.</u>	23d. LOCATION (City, town, or county): <u>Pond, Mo.</u>
24. FUNERAL DIRECTOR: <u>Schrader F. Home, Ballwin, Mo.</u>		25. DATE RECD. BY LOCAL REG.: <u>OCT 3 1961</u>	26. REGISTRAR'S SIGNATURE: <u>Loard Smith, M.D.</u>

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellewin, Mo

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.