

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020631  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 SL 28572 Registrar's No. 5703

**FILED JUN 15 1962**

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N. Grand St. Louis Mo</u>		Length of stay in 1b <u>7D</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. <u>Cowhoun</u>		c. CITY OR TOWN <u>HAMBURG</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>BOX 84</u>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>E.</u> Last <u>KRAMER</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>6</u> Year <u>1962</u>			5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>						
8. DATE OF BIRTH <u>11-12-14</u>		9. AGE (last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chief Eng.</u>		10b. KIND OF BUSINESS OR INDUSTRY						
11. BIRTHPLACE (City and state or country) <u>HARDIN ILLINOIS</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>WILLIAM KRAMER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA HLACKAHEE</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERTA KRAMER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>				16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>ALBERTA KRAMER (WIFE)</u>		Address <u>SA AS 2</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a) <u>DELERIUM TREMENS</u>				DUE TO (b) <u>SEVERE FATTY METAMORPHOSIS OF LIVER</u>				DUE TO (c) <u>MALNUTRITION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>				
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 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		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.) <u>VA</u>		20f. CITY, TOWN, OR LOCATION <u>VA</u>		COUNTY <u>  </u>		STATE <u>  </u>						
21. Attended the deceased from <u>5/31/62</u> to <u>6/6/62</u> and last saw him alive on <u>6/6/62</u> Death occurred at <u>6:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <u>Gerald R. Pepper, M.D.</u> (Degree or title)		22b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>		22c. DATE SIGNED <u>6/7/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			23b. DATE <u>6-7-62</u>		23c. LOCATION (City, town, or county) (State) <u>Hardin Ill</u>	
24. FUNERAL DIRECTOR <u>Hank's Funeral Home, Hardin, Illinois.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>JUN 7 1962</u>		26. REGISTRAR'S SIGNATURE <u>Road 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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.