

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028859

7125

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>21 YRS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY		c. CITY OR TOWN <u>ST. LOUIS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3612 S. JEFFERSON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERTHA ELIZABETH KRAEGER</u>				4. DATE OF DEATH Month Day Year <u>JULY 19 1962</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-9-1884</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIETITIAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOSPITAL</u>				11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>JOHN KRAEGER</u>				13b. MOTHER'S MAIDEN NAME <u>MARY HERGET</u>				14. NAME OF HUSBAND OR WIFE <u>NONE</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. _____				17. INFORMANT <u>MRS. WALTER KEISER S. JEFFERSON</u> Address <u>3612</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u>												INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>											
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.)				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											
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>July 13, 1962</u> to <u>July 19, 1962</u> and last saw her alive on <u>July 19, 1962</u> Death occurred at <u>9:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.												22a. SIGNATURE (Degree or title) <u>Frank C. Bailey M.D.</u>				22b. ADDRESS <u>3654 South Grand</u>				22c. DATE SIGNED <u>7-20-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>				23b. DATE <u>7-21-1962</u>				23c. NAME OF CEMETERY OR CREMATORY <u>PEKIN MAUSOLEUM</u>				23d. LOCATION (City, town, or county) (State) <u>PERIN ILL.</u>											
24. FUNERAL DIRECTOR <u>Thomas Katis 2406 Grand</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>JUL 20 1962</u>				26. REGISTRAR'S SIGNATURE <u>Joan 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 Barry Thompson Jr

Licensed Embalmer No. 4861

P. O. Address Box 5, 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.