

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028860

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7104

VS 300 Rev. 4/59

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DATE AMENDED
INSTEAD OF
DOCUMENT
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

FILED AUG 6 1962

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** 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 **City Hospital** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **4750 Alaska** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **CLEMENTINE** Middle **A.** Last **KRAPF** 4. DATE OF DEATH Month **July** Day **18** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **74** 9. AGE (last birthday) **5/24/1888** 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) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Milwaukee, Wisconsin** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Clark Freeman** 13b. MOTHER'S MAIDEN NAME **Clementine Ploudre** 14. NAME OF HUSBAND OR WIFE **William P. Krapf**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **William P. Krapf** Address **4750 Alaska**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Fracture of left hip.**
DUE TO (b) **Generalized Arterio Sclerosis,**
DUE TO (c) **Suffered in fall in home on 6-30-62.**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) **accident 904.0-21**
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. **6-30-62**

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.) **115 Home** 20f. CITY, TOWN, OR LOCATION **St. Louis, Mo** COUNTY STATE

21. I attended the deceased from **11:15 P.M.** and last saw her alive on **7-19-62** Death occurred at **11:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner** 22b. ADDRESS **1300 Clark Ave.** 22c. DATE SIGNED **7-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **July 21, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Kriegshauser** ADDRESS **4228 S. Kingshighway Blvd.** 25. DATE RECD. BY LOCAL REG. **JUL 19 1962** 26. REGISTRAR'S SIGNATURE **Boat Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

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 James R. Durin

Licensed Embalmer No. 4527

P. O. Address _____

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.