

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033198
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2446

FILED SEP 11 1962

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 LEMAY		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b WKS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MARYRIDGE NURSING HOME		d. STREET ADDRESS (If outside, give location) 4725 ADKINS	
3. NAME OF DECEASED (Type or print) First EMMA Middle KRAUSSE Last		4. DATE OF DEATH Month AUGUST Day 20 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/2/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paper box operator		11. BIRTHPLACE (City and state or country) Missouri	9. AGE (last birthday) 74
13a. FATHER'S NAME FRANK KRAFFT		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME SARAH BERGET		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. A	
17. INFORMANT FRANT KRAFFT		Address 7408 Minnesota	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLERIOTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 8 y rs
DUE TO (b) Generalized arterio sclerosis			?
DUE TO (c) Cerebral Arterio Sclerosis			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diverticulosis of descending colon & Colloid Goitre			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 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.) None	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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.) St. Louis, Missouri	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 7/1/62 , to Aug. 20, 1962 and last saw her/him alive on 8/18/62 Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Max Starbloff M.D.</i>		22b. ADDRESS 512 Dover Place	
22c. DATE SIGNED 8/21/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/23/62	
23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
24. FUNERAL DIRECTOR THOMAS KUTIS 2906 Gravois		25. DATE RECD. BY LOCAL REG. 8-22-62	
26. REGISTRAR'S SIGNATURE <i>James Murphy M.D.</i>			

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 *J. A. Humphrey*

Licensed Embalmer No. 4772

P. O. Address 2906 Graves

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.