

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004538

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 423

FILED FEB 13 1963

VS 300
Rev. 4/59

DATE AMENDED

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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 SAINT LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SAINTE GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS MISSOURI		Length of stay in lb. 42 DAYS	c. CITY OR TOWN SAINTE GENEVIEVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1320 MARKET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle X. Last KRAMER			4. DATE OF DEATH Month 2 Day 6 Year 1963
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 69 YEARS IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) RIVER AUX VASES, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MARTIN KRAMER		13b. MOTHER'S MAIDEN NAME JOSEPHINE RUDLOFF	14. NAME OF HUSBAND OR WIFE ANNA KRAMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO.	17. INFORMANT Address GENEVIEVE, MISSOURI ANNA KRAMER 1320 MARKET SAINTE
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 72 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY THROMBOEMBOLISM			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSIVE CARDIOVASCULAR DISEASE			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 12-26-62 to 2-6-63 and last saw him alive on 2-6-63 Death occurred at 4:05 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul C. Stromsdorfer</i> (Degree or title) Paul C. Stromsdorfer M.D.		22b. ADDRESS M. D. VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 2-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-9-63	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Ste. Genevieve, Mo. (State)
24. FUNERAL DIRECTOR Basler Funeral Home, Ste. Genevieve, Mo.		25. DATE RECD. BY LOCAL REG. 2-7-63	26. REGISTRAR'S SIGNATURE <i>John B. Mumfley 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 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.