MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-023837

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 157

FILED JUL 15 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0365
2 0365
3
4 0
5 1
6
7 2
8 2
9 422.1
10
11
12 2-0
13 5-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Franklin
c. CITY OR TOWN: St. Clair — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emil Middle: H Last: Kracht

4. DATE OF DEATH: Month: July Day: 7 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-23-1879

9. AGE (last birthday): 83 — 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): Toolmaker

10b. KIND OF BUSINESS OR INDUSTRY: Carter Carburetor

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: August Kracht

13b. MOTHER'S MAIDEN NAME: Sonntag

14. NAME OF HUSBAND OR WIFE: Irene Kracht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: Irene Kracht Address: St. Clair, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Heart failure	12 hr
DUE TO (b)	MASSIVE ARTERIOSCLEROTIC CV. DISEASE	2 yr
DUE TO (c)	PERIPHERAL VASC. INSUFFICIENCY	6 MO

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): BILATERAL EARLY DRY GANGRENE OF BOTH FEET

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.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1962, to Death and last saw him alive on 7-6-63

Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John F. Pearl, M.D.

22b. ADDRESS: St Clair, Mo.

22c. DATE SIGNED: 7/9/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-9-1963

23c. NAME OF CEMETERY OR CREMATORY: St. Matthew Cemetery

23d. LOCATION (City, town, or county) (State): 4360 Bates, St. Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Casey-Lenox F.H. St. Clair, Mo.

25. DATE RECD. BY LOCAL REG.: 7/9/63

26. REGISTRAR'S SIGNATURE: Luke C. Hudmann

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1963

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 K. M. Lenot

Licensed Embalmer No. 3601

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.