

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26013

State File No.

FILED JUL 31 1952

318

1003

Registrar's No. 6914

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	2037
d. FULL NAME OF HOSPITAL OR INSTITUTION 4621 Jamieson		d. STREET ADDRESS (If rural, give location) 3 4621 Jamieson	

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Anna c. (Last) Kratz	4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1896	9. AGE (In years last birthday) 55 # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 YEAR Hours # UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Germany 4	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Rudolph Klein	13b. MOTHER'S MAIDEN NAME Bertha Riesche	14. NAME OF HUSBAND OR WIFE Paul W.
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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. None	17. INFORMANT'S SIGNATURE OR NAME Paul W. Kratz Sr.	ADDRESS 4621 Jamieson
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH May 15, 1948
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma to Brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary in Breast (Right) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION May 20, 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma Right Breast with Axillary Metast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 170X
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22. I hereby certify that I attended the deceased from **May 3, 1948**, to **July 14, 1952**, that I last saw the deceased alive on **June 24, 1952**, and that death occurred at **11:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Lawrence Keyes MD	23b. ADDRESS 0 4952 Maryland Ave, S	23c. DATE SIGNED July 17, '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-18-52	24c. NAME OF CEMETERY OR CREMATORY Shiloh	24d. LOCATION (City, town, or county) (State) Shiloh, Ill.
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DATE REC'D BY LOCAL REG. JUL 17 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

John S. Demme
Licensed Embalmer No. 4194
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 this body is not embalmed, fact should be so stated above.