

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-033299**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 303-8 Registrar's No. 78a

**FILED AUG 26 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFOAVIT OF

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| 1. PLACE OF DEATH   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |   |   |
| a. COUNTY <b>Saint Charles</b>  |  | a. STATE <b>Mo.</b>  |  | b. COUNTY <b>St. Louis</b>  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>  |  | Length of stay in 1b <b>45 min.</b>  |  | c. CITY OR TOWN <b>Berkley Mo.</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location) <b>8420 Frost Ave.</b>                      |   |
| 3. NAME OF DECEASED (Type or print)   |  |  | 4. DATE OF DEATH   |   |   |
| First Middle Last <b>MICHAEL David CRANMER</b>  |  |  | Month Day Year <b>Aug. 16 1963</b>                                   |   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <b>Dec. 31, 1945</b>                                | 9. AGE (last birthday) <b>17</b>  | IF UNDER 1 YEAR   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Berkley High</b>  | 11. BIRTHPLACE (City and state or country) <b>E. St. Louis, Ill.</b> | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   | Months Days Hours Min. <b>7 15</b>                                |
| 13a. FATHER'S NAME <b>Thomas Elwood Cranmer</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Alice Zampelli</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>none</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>No</b> )   |  | 16. SOCIAL SECURITY NO. <b>4</b>   |  | 17. INFORMANT Address <b>T.E. Cranmer, Berkley, Mo.</b>                                   |   |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH: <b>1 min.</b>                   |
| IMMEDIATE CAUSE (a) <b>drowning</b>   |  |  |  |   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____   |  |  |  |   |   |
| DUE TO (c) _____  |  |  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |  |  | 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 checked="" 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.) <b>Victim was in group of 16; had just gone in, all at once the group missed him; was found on bottom of pool; victim could not swim.</b> |  |   |   |
| 20c. TIME OF INJURY <b>9:05 p.m.</b>  | Month, Day, Year <b>8/16/63</b>  |  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Trio Pool</b>            | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Charles, St. Charles, Mo.</b>   |  |   |   |
| 21. I attended the deceased from <b>held view</b> to <b>8/16/63</b> and last saw her <b>him</b> alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |   |
| 22a. SIGNATURE (Degree, or title) <b>Frank R. Amelung Coroner</b>   |  |  | 22b. ADDRESS <b>12 Cunningham Ct. St. Charles, Mo.</b>               |   | 22c. DATE SIGNED <b>8/17/63</b>                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |  | 23b. DATE <b>Aug. 17, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Lakeview Memorial</b>          |   | 23d. LOCATION (City, town, or county) <b>Belleville, Illinois</b> |
| 24. FUNERAL DIRECTOR ADDRESS <b>Schroepfel Funeral Home Collinsville</b>  |  |  | 25. DATE RECD. BY LOCAL REG. <b>Aug 17-1963</b>                      | 26. REGISTRAR'S SIGNATURE <b>Mabel Zumwalt Dep.</b>                                       |   |

USE BLACK INK OR TYPEWRITER RIBBON

SEP 6 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 Frank Trapp

Licensed Embalmer No. 4357

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.

all verified and later recorded  
at 11:11