

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033826
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9012**

VS 300 Rev. 4/59
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 2 **220**
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 86
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 DOCUMENT
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 12 1963		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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 yrs		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters of the Poor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3225 N. Florissant	
3. NAME OF DECEASED (Type or print): First John Middle W. Last Kramer		4. DATE OF DEATH Month Sept Day 6 Year 1963			
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 11/6/84		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locksmith		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Joseph Kramer		13b. MOTHER'S MAIDEN NAME Josephine Ganderberg		14. NAME OF HUSBAND OR WIFE Lillie M. Silhavy- Deed	
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.		17. INFORMANT Address Mrs. Erlean Engelmeyer 9333 Guthrie	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) A. S. H. Disease DUE TO (c) 4200				INTERVAL BETWEEN ONSET AND DEATH 2-10 minutes ???	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 None Month None Day None Year None		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 St. Louis		COUNTY St. Louis		STATE	
21. I attended the deceased from May 12 1958 to Sept 6 1963 and last saw him alive on August 29 1963 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Donald H. Howe, M.D.		22b. ADDRESS 309 Northland Medical Bldg		22c. DATE SIGNED 9-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/9/63		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		24. FUNERAL DIRECTOR Arthur J. Donnelly		25. DATE RECD. BY LOCAL REG. SEP 6 1963	
ADDRESS 3840 Lindell Blvd		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

