J. Marder 2806 N. Grand

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 3488

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 3912 a. Ashland Ave. St. ..... Ward)

File No. ..... Registered No. 1129

2. FULL NAME Casper H. Kraemer.

(a) Residence. No. 3912a Ashland Ave. St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White.	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise M. Kraemer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/1/1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	3	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Brick Mnf'g.
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER ------ Kraemer.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Not known.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Mrs Louise M. Kraemer
(Address) 3912a Ashland Ave

15. FILED JAN 30 1928 Guy Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29/28 19

17.
I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1927, to Jan 27, 1928 that I last saw him alive on Jan 27, 1928, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
9 yrs
97 90 6
92B
(duration) yrs. 1 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis Senile
Gangrene R. foot 4 dy Chronic
(duration) yrs. ..... mos. ..... ds.
non Diabetic

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 28-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) J. J. Marder, M. D
, 19 (Address) 2806 N. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cemetery. DATE OF BURIAL 1/31/28

20. UNDERTAKER Provost Lind Co ADDRESS 3710 N. Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.