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

Do not use this space.

1. PLACE OF DEATH
County: Corn LOUIS
Township: FONDELEY
City: St. Louis Co. (No. Afton Mo. Route 1 Weber Rd. St. Ward)
Registration District No. 1123
Primary Registration District No. 8248 G
File No. 29325
Registered No. 284

2. FULL NAME: Elizabeth Kramer - Warth
(a) Residence. No. R. #1 St., 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Kramer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17 1858

7. AGE: YEARS 73 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

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

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

PARENTS
10. NAME OF FATHER: Unknown Vogel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): "

14. INFORMANT: Julius Warth
(Address): 6007 Arsenal St.

15. FILED: Aug 2 1931 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 1 1931

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Aug 1, 1931 that I last saw her alive on July 31, 1931, and that death occurred, on the date stated above, at 1:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
93C (duration) 7 yrs. 7 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
(duration) 7 yrs. 7 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H A Schmunner, M. D.
8/1, 1931 (Address) 6811 a Gravois

*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: St. Mathews Cem
DATE OF BURIAL: 8-4 1931

20. UNDERTAKER: Witt Bros. Lt. U. Co 2929 [illegible]
ADDRESS

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.