

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

Do not use this space.

35543

1. PLACE OF DEATH

County St. Louis
Township _____
City Kirkwood (Non-5th & Essex Ave.)

Registration District No. 785
Primary Registration District No. 3037

File No. _____
Registered No. 219
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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.

John Kraemer

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Kraemer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 21 - 1895</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>10</u>	<u>5</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Racetrack manager</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Cave Lake Mo</u>				
(c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Kraemer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Kline

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) New York

14. INFORMANT Wm. Kraemer
(Address) 3413 Oakleaf Ave

15. FILED 11/1, 1931 L. E. Bannard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aspiration due to
without to go.
175 Open verdict
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) TH
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH Husband

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam & autopsy
(Signed) John A. Chamber M. D.

1931, 1931 (Address) Green Springs St
*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 _____ DATE OF BURIAL Nov. 2 1931
S. S. Peters & Pauls Cemetery

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood, Mo

N. R.—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.

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

NOV 28 1931

