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.

FEB 25 1932

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

Do not use this space.

2283

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60 33 B — Registered No. 33
City (No. 6326, Derby Ave. St. Ward)

2. FULL NAME Dietrich Cramer
(a) Residence, No. St., Ward. Cleveland Ohio
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. 11 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alvina Cramer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 25, 1865
7. AGE: YEARS 66 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 231
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany 10

FATHER
13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Germany

17. INFORMANT (ADDRESS): Mr. Albert Cramer 6326 Derby Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Mo. DATE Jan 30 1932
19. UNDERTAKER (ADDRESS): Geo. L. Pleitsch Inc. 5966 Easton Ave
20. FILED 1-29-1932 Jolla Bracy M. D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 28, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Jan 28, 1932
I last saw him alive on Jan 28, 1932. Death is said to have occurred on the date stated above, at 2.15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | 12-18 |
| Myocarditis acute | 1-2 |

108

Other contributory causes of importance: Myocarditis acute

Name of operation: none — Date of
What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. W. Drake, M. D.
(Address) 1506 Hodiamont

Dr. C. W. Dance
1506 Hodiamont

5 to 8

Mar 1500