

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

Do not use this space.

33

1. PLACE OF DEATH

96 County St. Louis
12 Township Central
8 City Webster Groves (No. 361 Hillside Ave)

Registration District No. 788
Primary Registration District No. 4471

File No. 13791
Registered No. 33
St. _____ Ward _____

2. FULL NAME Victoria Louise Cramer

(a) Residence. No. 361 Hillside Ave 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 <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-6-1858</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>14</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Housewife</u>		
(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) Mo

PARENTS	10. NAME OF FATHER <u>Ired W. Cramer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Northfield, Minnesota</u>
	12. MAIDEN NAME OF MOTHER <u>Margaret Moon</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Canada</u>

14. INFORMANT Josephine H. Cramer
(Address) 361 Hillside Ave Webster Groves

15. FILED 4/21 1932 Dr. A. N. Westrup 3000
REGISTRAR G. Carlson

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-20 1932
17. HEREBY CERTIFY, That I attended deceased from Feb - 19, 1931, to April 20, 1932 that I last saw him alive on April 19, 1932 and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurysm
12 1/2 (duration) yrs. mos. ds.
97 (duration) yrs. mos. ds.
CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Arthur W. Westrup, M. D.
4/20, 1932 (Address) Webster Groves, Mo

*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 Oak Hill Cemetery DATE OF BURIAL 4/22 1932

20. UNDERTAKER Louis H. Bopp ADDRESS Kirkwood

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.

MAY 28 1932

