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.

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

Do not use this space.

14424

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3776

City St. Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME George W. Schrameyer

(a) Residence, No. 4229 North Euclid Ave. 7 Ward. (If nonresident, give city or town and State)
(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.

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: Augusta Schrameyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 15, 1882

7. AGE: YEARS 50 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Officer 184
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St. Louis Police Dept.
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): St. Louis Mo.

FATHER

13. NAME: Bernhardt Schrameyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Sophia Bar Large
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Augusta Schrameyer 4229 North Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe Park DATE Apr. 19, 1932

19. UNDERTAKER (ADDRESS): Math. Hermann and Son 2161 East Fair Ave.

20. FILED APR 18 1932 Max C. Farber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
No physician in attendance

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

173 Gunshot Wound of Head

Date of onset

Other contributory causes of importance:

173 Homicide 8 7

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 4/16, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Gunshot Wound of Head

Nature of injury " " " "

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, M.D.

(Address) Dep. Coroner

4/18/32