

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

Do not use this space.

27282

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City St. Louis Clayton County Hospital St. Louis (If nonresident, give city or town and State) (Ward)

2. FULL NAME Kenneth Kramer

(a) Residence, No. Old State Highway 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1918

7. AGE YEARS 13 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Elmer L. Kramer

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Olivia Gatterman

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mr. Elmer Kramer (ADDRESS) Old State Highway Glencoe

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Aug 19 1932

19. UNDERTAKER E. J. Schur (ADDRESS) 312 1/2 Lafayette Ave.

20. FILED July 17 1932 N. V. Dullman Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1932, to 8-16 1932

I last saw h. 1 A.M. alive on 8-16 1932 Death is said

to have occurred on the date stated above, at 12:22 p. m.

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

General peritonitis
12:15
12:15
12:15
 Date of onset 8-8-32

Other contributory causes of importance: ruptured appendix

Name of operation Appendectomy Date of 8-12-32

What test confirmed diagnosis? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) T. P. Usher M. D.
 (Address) St. Louis Co. Hospital

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.

SEP 27 1932

