

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 24 1933

1141-1000

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14546

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Townshp Central Primary Registration District No. 11
 City Richmond Heights No. 11 St. 11 Ward 11

2. FULL NAME Herman Kramer
 (a) Residence, No. 7724 W. Ranken St. Ward. 11
 (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) widowed

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1853

7. AGE YEARS 79 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. re-Farmer

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) 1923 11. Total time (years) spent in this occupation. 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Hy. Kramer

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

15. MAIDEN NAME Carolis Schrader

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

17. INFORMANT Harry Kramer (ADDRESS) Wayton, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. Pauls DATE 4-5-1933

19. UNDERTAKER Anna Bros. (ADDRESS) Overland Mo.

20. FILED 4-2 1933 Ross G. Rumbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1932, to Apr 2, 1933.
 I last saw him alive on Apr 2, 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 31
Arteriosclerosis
Chronic Nephritis
Hypertrophied Prostate
 Other contributory causes of importance:
Arteriosclerosis
Chronic Nephritis
Hypertrophied Prostate
 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? _____ 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) Leonty Sevenski, M. D.
 (Address) Richmond Hts Mo.

