

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

Do not use this space.

15335

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 5055, Cote Brilliant ave St. Ward)

File No.
 Registered No. 3886

2. FULL NAME

Juliana Kramer.
 (a) Residence, No. St. 6 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 Female 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 Henry Kramer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1861.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.
 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) Mo.

13. NAME Valentine Bollinger

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

15. MAIDEN NAME Catharine Laux

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

17. INFORMANT Clara Kramer (ADDRESS) 5055 Cote Brilliant

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE May 1st 1933

19. UNDERTAKER (ADDRESS) Wm. Schumacher 4833 Natural Bridge av

20. FILED APR 29 1933 Max C. Starnitzky Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933, to Apr. 27, 1933
 I last saw her alive on Apr. 27, 1933. Death is said to have occurred on the date stated above, 2:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1 year
66
66
 Other contributory causes of importance:
Thyrototoxicosis (adenomatous goitre) 20 yrs
General Arterio-sclerosis 5 yrs

Name of operation 0 Date of
 What test confirmed diagnosis? 0 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) Hiram S. Pizzell, M. D.
 (Address) St. Louis, Mo.

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.

1
11
10

3720. *Waltman*