MARGIN RESERVED FOR BINDING

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.

OCT 20 1933

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

Do not use this space.

31285

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1107 Destrehan St. ..... Ward)

File No. .....

Registered No. 7985

2. FULL NAME William F. Kramme

(a) Residence, No. 1107 Destrehan St., 26 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1860

7. AGE: YEARS 73 | MONTHS 1 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Business

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 Frederick F. Kramme

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

MOTHER

15. MAIDEN NAME Johanna Hammer

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

17. INFORMANT (ADDRESS) Mrs. Philip Albrecht 1107 Destrehan Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns DATE Sept. 16, 1933

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Av.

20. FILED SEP 14 1933 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1933, to Sep 13, 1933

I last saw him alive on Sep 13, 1933 Death is said to have occurred on the date stated above, at 3:43 A m.

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

	Date of onset
Complete Hemaplegia	
131 R Side	
82 D	
132 B	

Other contributory causes of importance:

Nephritis

Chr. Nephritis

Name of operation none Date of .....

What test confirmed diagnosis? Symptom Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

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

If so, specify no

(Signed) D. M. F. Hermann M. D.

(Address) 2743 N Grand