

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.

JAN 26 1934

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

Do not use this space.

42204

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 3532)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 11279
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3532 Indiana Ave., 24 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mathias Kramer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 21-1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splnner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) (STATE OR COUNTRY) <u>German</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Charles M. Kramer 4411 38th St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 2 33</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker, Helderle 2330 Broadway</u>		
20. FILED <u>SEC 31 1933</u> <u>J. A. Brederick</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1931 to Dec 30th 1933. I last saw her alive on Dec 30th 1933. Death is said to have occurred on the date stated above, at 12:30 in. The principal cause of death and related causes of importance were as follows:
arteriosclerosis 3 yrs
Chr. Interstitial 131
1926 nephritis 2 yrs
97
Other contributory causes of importance:
Chr. Hypertension 31 3 mos

Name of operation no Date of _____
What test confirmed diagnosis? clinical 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) Red Steyer, M. D.
(Address) 3606 Grand

