

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.

This certificate must be O.K'd by Coroner. O.K.T.

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

Do not use this space.

FEES 37 1934

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033a
(No. St. Louis Co. 208)

File No. 2478
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Harold Kramer

(a) Residence, No. Deland + Carlson Rd. St. _____ Ward. Ballwin Mo
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 14

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

13. NAME Harold Kramer

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

15. MAIDEN NAME Gertrude Stroed

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

17. INFORMANT Harold Kramer
(ADDRESS) Deland + Carlson Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Ch DATE 1/24 1934

19. UNDERTAKER Robert J. Anker
(ADDRESS) 6633 Clayton St

20. FILED 1/23 1934 Robert J. Anker
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22 1934

22. I HEREBY CERTIFY, That I attended deceased from January 22 1934, to January 22 1934
I last saw him alive on January 22 1934. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Bronchopneumonia 1-20-34
Marasmus 1-15-34
Other contributory causes of importance: 1079 150
St. Louis Co., 129

Name of operation _____ Date of _____
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 _____

Was disease or injury in any way related to occupation of deceased? No
Specify _____

(Signed) Crean K. Jimmy M. D.
St. Louis County Hospital
Clayton Mo

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set his
 hand and the seal of said County, at [City], [State], this
 [Date] day of [Month], 19[Year].

[Signature of County Clerk]