

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

Do not use this space.

JUN 19 1934

*791 ✓
1003*

15250

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City, *St Louis mo.* (No. *2862 Texas Ave*) St. Ward)

File No. **4487**

2. FULL NAME

Henry J. Kramer

(a) Residence, No. St. *24* Ward. (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*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July* ✓
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Coffe & Tea Salesman*
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) *St Louis Mo.*

13. NAME *Theo. Kramer*

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

15. MAIDEN NAME *Kathrine Cassilius*

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

17. INFORMANT *Clara Kramer* (ADDRESS) *2862 Texas Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter & Basil* DATE *May 4th 1934*

19. UNDERTAKER *J. H. Glickens L. & W. Co.* (ADDRESS) *2828 Broadway Ave.*

20. FILED *14 - 2 1934* *J. J. Bredekamp*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 3 1933* to *April 30 1934*
I last saw him alive on *4/30 1934* Death is said to have occurred on the date stated above, at *10:40 P.M.*

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

*40%
Pneumonia acute
4/15/34*

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.

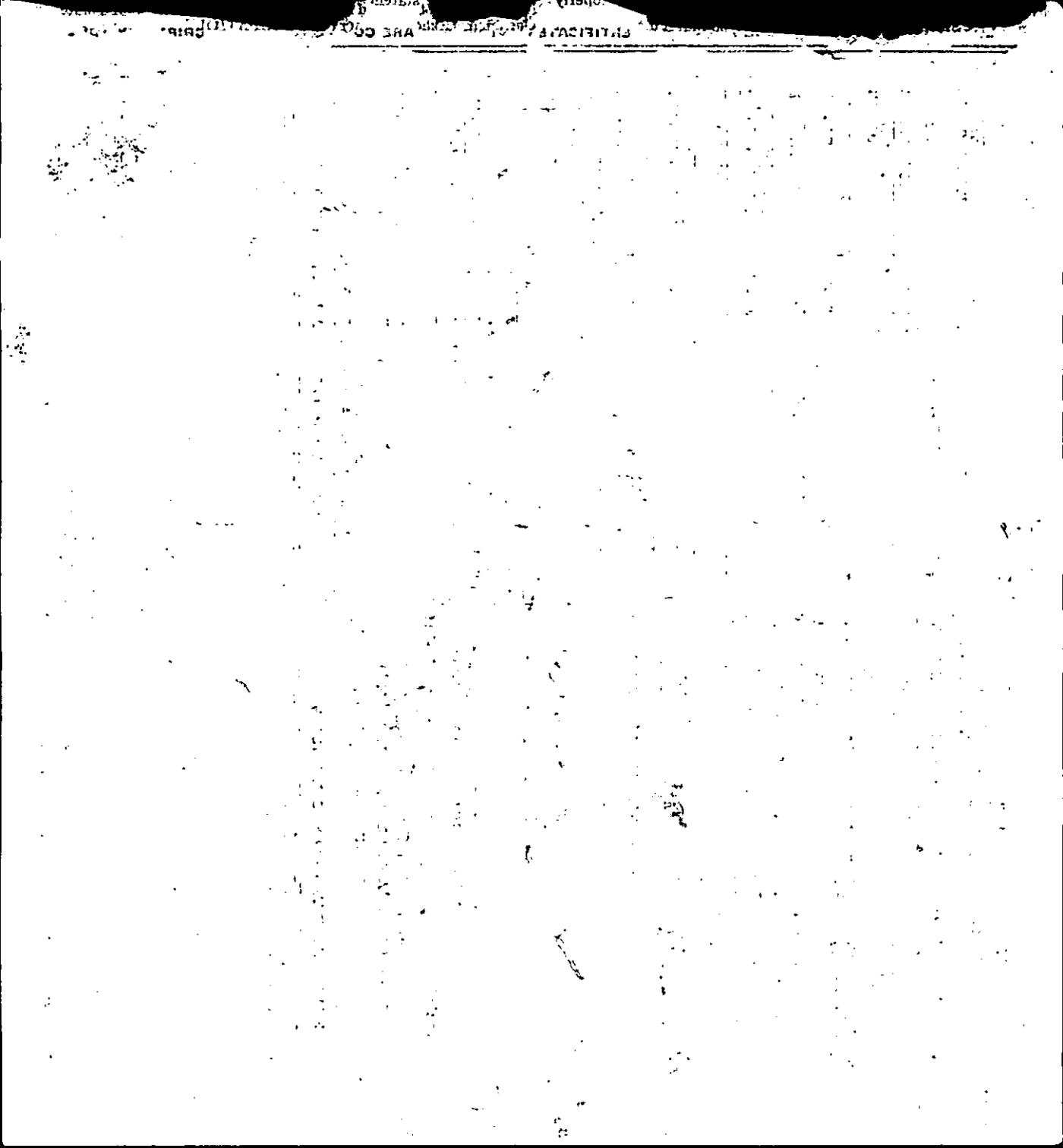
Manner of injury
Nature of injury

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

If so, specify (Signed) *Albert F. Bina* , M. D.

(Address) *1841 S. 12th*

Information furnished by this office is for official use only. It is not to be distributed outside the office. It is not to be used for any purpose other than that for which it was furnished. It is not to be used for any purpose other than that for which it was furnished. It is not to be used for any purpose other than that for which it was furnished.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 4487.....
St. Ward)

2. FULL NAME

Henry J. Kramer

(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1872

to have occurred on the date stated above, at m.

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

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

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

Date of onset

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

Other contributory causes of importance:

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).....

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS).....

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of Injury.....

PLACE DATE 19.....

Nature of injury.....

19. UNDERTAKER (ADDRESS).....

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

20. FILED 311 1007 19 1934 J. A. Brudeck Registrar.

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

N. B.—Every item of information should be carefully checked for accuracy. Every item of information should be carefully checked for accuracy. Every item of information should be carefully checked for accuracy.

