

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.

1935

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

Do not use this space.

44778

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 703
 City St. Louis (No. 3656, Louis Ave.) St. Ward)

File No. 44901
 Registered No.

2. FULL NAME

Mary Kramer
 (a) Residence, No. 3656 Louis Ave St. 11 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) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Kraus

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1854

7. AGE YEARS MONTHS DAYS 80 7 9 If LESS than 1 day, hrs. or min.

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

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 John Runkel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Richard Kramer (ADDRESS) 7517 So. Grand Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oddfellows Cem DATE Dec. 19 1935

19. UNDERTAKER J. P. Runkel (ADDRESS) 7128 Michigan Ave

20. FILED 17 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/6 - 1934 to 12/16, 1934

I last saw her alive on 12/16, 1934 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Heart failure
Stroke
Emphysema
Diabetes

Other contributory causes of importance:

Unsanitary

Name of operation Date of

What test confirmed diagnosis? None 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) C. R. Hawser, M. D.

(Address) 7219 Michigan

