

MAR 5 1935

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

Do not use this space.

7419

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City..... (No. 19498)

(No. 19498)

City..... (No. 19498)

St. Ward)

2. FULL NAME

(a) Residence, No. 1434

(Usual place of abode)

St.

Ward. 23

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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

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

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

Oct 3, 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

7

20

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

Carpenter

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

International Bldg

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 County

13. NAME

Geo Kramer

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

Germany

15. MAIDEN NAME

Kubner

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

Germany

17. INFORMANT (ADDRESS)

Step J. M. Taylor

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

St. Louis

Feb 26

19. UNDERTAKER (ADDRESS)

French and O 7819 Mich Ave

20. FILED

FEB 25 1935

J. P. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

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

2/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from

11-22-35, 19, to 11-23-35, 19

I last saw h. alive on 11-23-35, 19. Death is said

to have occurred on the date stated above, at 8:10 P. m.

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

CARCINOMA OF TONGUE WITH METASTASIS TO BONE AND MESSENTERY
SEPTICEMIA

Date of onset 1934

[?] Feb 1935

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

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)

J. J. Jauer, M. D.

(Address)

City, Mo. #1

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.

WRITE IN PLAIN! WITH CHANGING INITIALS IS A PERMANENT RECORD

