APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10707

Township ..... Primary Registration District No. 1003 Registered No. 3281

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Carl Cromer

(a) Residence, No. 6117 Vermont ave. St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1917

7. AGE: YEARS 19 MONTHS 5 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri School of Mines.
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, Missouri.

FATHER

13. NAME Carl E. Cromer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredricksburg, Indiana

MOTHER

15. MAIDEN NAME Mae J. Rieckus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Carl E. Cramer 6117 Vermont ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE PARKLAWN CEM DATE MARCH 26 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U.&L.Co. 7814 S. Broadway

20. FILED MAR 25 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.45 P. M.

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

Pulmonary Thrombosis

Contrit: Fracture of Left Femur at Upper Third

Date of onset 195

Other contributory causes of importance:

Manner and cause of injury could not be ascertained

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Open Date of injury about 12-19 1936

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

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

Manner of injury .....

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Tuinn, M.D.

(Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.