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

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 1107 Destrehan St. St. ..... Ward)

File No. 10826

Registered No. 3400

2. FULL NAME Frederick Kramme.

(a) Residence, No. 1107 Destrehan St. St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male.	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1863.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74.	2.	3.	

OCCUPATION

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

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

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.

FATHER

13. NAME Frederick F. Kramme.

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

MOTHER

15. MAIDEN NAME Johanna Hammer.

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

17. INFORMANT (ADDRESS) Mrs. Philip Albrecht. 1107 Destrehan St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE March 29, 1937.

19. UNDERTAKER (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED MAR 29 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 3-18-37, 19..., to 3-26-37, 19...

I last saw ~~him~~ alive on 3-26-37, 19..... Death is said to have occurred on the date stated above, at 9.15 A.M.

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

Chronic Pancarditis

90

Other contributory causes of importance: Gastro Enteritis

Date of onset

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury none 19.....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury none

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

If so, specify no

(Signed) Dr M F Harmann, M. D.

(Address) 2743 N Grand

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.

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