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.

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

Do not use this space.

SEP 10 1937

28922

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City ST. LOUIS MO (No. PARK LANE MEMORIAL HOSP. St. ..... Ward)

File No. .....

Registered No. 7555

2. FULL NAME ADDIE CRAMER

(a) Residence, No. 5820 VIVIAN AV. St., 7 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*): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 31-1869

7. AGE: Years 68 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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 JOHN FELDOTTO

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

MOTHER

15. MAIDEN NAME DONT KNOW

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

17. INFORMANT Wm. Cramer. (ADDRESS) 5820 Vivian

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE AUG 11TH 1937

19. UNDERTAKER BROCKLAND UND. CO. (ADDRESS) 1827 HOGAN STR.

20. FILED AUG 10 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 9TH 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 9, 1937

I last saw her alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at ..... A.m.

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

	Date of onset
Organic Nephritis	
Heart failure	

92a

Other contributory causes of importance:

gall stones	
non operative	

Name of operation no 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) [signature], M. D.

(Address) Pasteur Bldg.