

REC'D JUL 12 1938

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

 20214
 Do not use this space.

1. PLACE OF DEATH

 (a) County St. Louis Registration District No. 791
 (b) Township Grandale Primary Registration District No. 1008
 (c) City Webster Groves (d) Street No. Deaconess Hospital Registered No. 5353
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles H. Cramer
 (a) Residence, No. # 1 Clayborne Pl St. KP Webster Groves Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) July 16-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 28 27

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Missouri13. NAME Fred W. Cramer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret moon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada17. INFORMANT (ADDRESS) Josephine Cramer
1 Clayborne Pl. W. G. Mo18. BURIAL, CREMATION, OR REMOVAL Cathalla Crem. DATE 6-14 193819. FUNERAL DIRECTOR (ADDRESS) Louis H Bopp
Kirkwood, Mo.20. FILED JUN 13 1938 J. F. Bredesch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 13 193822. I HEREBY CERTIFY That I attended deceased from May 30, 1938, to June 13, 1938I last saw him alive on June 12, 1938 Death is saidto have occurred on the date stated above, at 1 1/2 m.

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

Myocardial degeneracyDate of onset
5/30/38Other contributory causes of importance:
ArteriosclerosisName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? NO23. 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) Arthur W Westrup, M. D.(Address) Webster Groves, Mo.

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed John M. Meyer
Licensed Embalmer No. 3288

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)