V. S. No. 2
M—11-10-39
FILED MAY 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13511

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3713

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2726a Accomac
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 23
(If outside city or town limits write "RURAL")

(d) Street No. 2726a Accomac
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wilhelmina Kramer 656

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John B. Kramer

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July (Month) 24 (Day) 1864 (Year)

8. AGE: Years 75 Months 8 Days 30 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife 6

11. Industry or business

FATHER
12. Name William Schumacher 1
13. Birthplace (City, town, or county) Germany (State or foreign country) 0

MOTHER
14. Maiden name Louisa Bohle
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant John B. Kramer
(b) Address 2726a Accomac

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec

19. (a) APR 24 1940 (Date received local registrar) (b) J. F. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 6.15 minute A. M.

21. I hereby certify that I attended the deceased from Apr ~~23~~ 7, 1940 to Apr 23, 1940
that I last saw her alive on Apr 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr Arteriosclerosis General and Cerebral

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Robert G. Warner (M. D. or other) 1
Address 1115 Paul Brown Bldg St Louis Mo Date signed Apr 24 40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kate Warner
1115 Paul Brown Bldg
10 to 1 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by George J. Archambault, Registered Apprentice No. _____, working under my personal supervision.

Signed George J. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miami

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.)

If this body is not embalmed, above space should be left blank.