No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 753

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 753

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis. 2617
(If outside city or town limits, write "RURAL.")

(d) Street No. 1524½ Warren St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louisa Kralemann

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Late Edward Kralemann.

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

7. Birth date of deceased September 25 1866. (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 27. If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Elsie Zimmerman.
(b) Address 1524½ Warren St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41. (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) JAN 23 1941 (Date received local registrar) (b) H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21. year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from January 20. 1941 to January 21. 1941; that I last saw her alive on January 21. 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death General Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Cardiac Hypertrophy

Major findings:
Of operations

Of autopsy

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 R. J. Maxwell (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 1/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, fact should be so stated above.