

FEB 14 1941

Registration District No. 294 Primary Registration District No. 54091 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Central Mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town Rural - Bernhardt Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LIZZIE MEYER (KRAMME)
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Aug. Meyer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 21 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 30
year 1941 hour 12 minute 55 A.M.
21. I hereby certify that I attended the deceased from Jan 17 - 1941 to Jan 30 1941
that I last saw her alive on Jan 30 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 11 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death
Lobar Pneumonia
Due to _____
Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Bernhardt Mo
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business Own Home
12. Name Frederick Kramme
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Willetanna Springmeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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? 267
(Specify type of place) _____ (e) Means of injury _____

MOTHER FATHER
16. (a) Informant's own signature Mar Lina Cordes
(b) Address 5143 Waldo St St. Louis County
17. (a) Burial (b) Date thereof Feb - 1 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Martin's Cem. Dittmer Mo
18. (a) Signature of funeral director John Primmer
(b) Address House Springs Mo
19. (a) Feb 8, 1941 (b) H. H. Duckworth
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Etchell (M. D. or other) 1/30/41
Address St. Clair Date signed 1/30/41

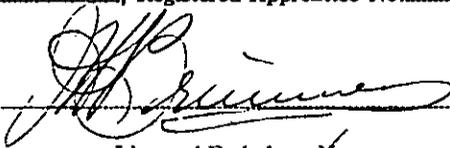
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 .....

Licensed Embalmer No..... 1470

P. O. Address *House Springs Mo*.....

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.