

2 No. 2
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5-17-39
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12967
3397

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 000

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME August Kraemer
3. (b) If veteran, name war ----- 3. (c) Social Security No. 498-05-9199

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Dec. 29 1887
(Month) (Day) (Year)

8. AGE: Years : Months Days If less than one day
53 3 19 hr. min.

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

10. Usual occupation Millworker

11. Industry or business Herkert-Meisel Trunk Co.

12. Name Kred Kraemer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Pillie Fleman
15. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Kramer

(b) Address 2303 N. 14th St.

17. (a) Burial (b) Date thereof April, 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery-Maryland Heights

18. (a) Signature of funeral director Richard J. Bremer
(b) Address 1936 St. Louis Ave.

19. (a) APR 21 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 23
(d) Street No. 2303a N. 14th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 5 minute 30 a. m.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----; that I last saw h----- alive on -----, 19-----; and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Peritonitis Nephritis
With Ascites, Central
Hydropneumothorax
Chronic Hypertrophic Cardiomyopathy
Due to of Liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
Of autopsy -----

Duration
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? ----- or means of injury -----

23. Signature Richard J. Bremer (M. D. or other)
Address ----- Date signed 4/19/41

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

069
0
7
9

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

Harold Brown

Registered Apprentice No.

257

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No.

3737

P. O. Address

1936 St. Louis

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, fact should be so stated above.