

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 26704
Registrar's No. 6496

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 6014 Harney
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 6014 Harney
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Edward Kramer
3. (b) If veteran, name war. No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Amelia Dickel Kramer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 2
If less than one day _____ hr. _____ min.

9. Birthplace Germany
10. Usual occupation Retired Machinist Helper

11. Industry or business _____
12. Name William Kramer
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Germany

16. (a) Informant Edna Seeck
(b) Address 6014 Harney
17. (a) Burial (b) Date thereof 8/9/41
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director _____
(b) Address 3013 Meramec
19. (a) AUG - 8 1941 (b) J. J. Fredick
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 6
year 1941 hour 6.00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1st
_____ 1941 to Aug 6th 1941;
that I last saw him alive on Aug 6th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic bronchitis
Due to senile debility
Other conditions 10/10
Major findings: 10/10
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature G. H. Wilson (M. D. or other) _____
Address 4362 Warner Ave Date signed 8-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

000
17
9

000
17
79

MOTHER FATHER

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

4004 Sweeney
MR 4544

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 N. Archambault....., Registered Apprentice No. XXXXX
working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.