

FILED OCT 28 1941
Registration District No. 284

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Moline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Halls Ferry Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3420 Eads Ave.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1941 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from Sept 24
1941 to Oct 10th 1941
that I last saw him alive on Oct 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death upoplexy Duration _____
Arteriosclerosis

Due to _____
Due to J.B.A.I
Other conditions _____
(Include pregnancy within 3 months of death)

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) _____
(e) Means of injury _____
23. Signature Hellie Shaver (M. D. or other) _____
Address 1932 - Maryland Date signed 10-10-41

3. (a) PRINT FULL NAME John H. Kraemer

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Kraemer 6. (c) Age of husband or wife if alive About 65 years

7. Birth date of deceased April 5th 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation Baggage handler retired 7 yrs

11. Industry or business Union Station

12. Name John Kraemer

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

14. Maiden name Unknown

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

16. (a) Informant Anna Kraemer
(b) Address 3420 Eads Ave.

17. (a) Burial (b) Date thereof 10-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Kriegshauser Mortuaries
(a) Signature of funeral director _____
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 11 1941 (b) He Garrison
(Date received local registrar) (Registrar's signature)

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

4952 Montgomery
Rt 1221 Jr 5858
Attwater 793

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 Richard H. Lehmann

Licensed Embalmer No.....

P. O. Address.....

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.