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V. S. No. 2
50M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

4229

FILED MAR 17 1942

1003

1646

Registration District No.

Primary Registration District No.

Registrar's No.

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 X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 Mos. 5 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5-000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 627 Clara Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lois Cramer

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

4. Sex Female 5. Color or race White 6. (a) 2 Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Henry D. Cramer 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased August 29, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER { 12. Name Thomas Towse
13. Birthplace ? England 4
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Martha Smith
15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Cramer

(b) Address 627 Clara Ave.

17. (a) Burial (b) Date thereof 2-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) 1942 (b) J. G. Brudeck
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21,
year 1942 hour 1:55 minute A. M.

21. I hereby certify that I attended the deceased from December 16,
19 41 to February 21, 19 42
that I last saw h. er alive on February 21, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Chronic Cystitis

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Arteriosclerosis
Chronic cystitis

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?

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature R. P. Mackroy (M. D. or N. D.)
Address 1515 Lafayette Ave. Date signed 2/21/42

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

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 3454

David C. Gibson

Registered Apprentice No. _____

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

5966 Eastern St. N.W.

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.