

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 days (Specify whether
In this community 41 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3226a California
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 1
1942 to March 6 1942
that I last saw her alive on March 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pathological Structure Duration
of Right Hemis. Carcinoma of the Feb. 1
Central Nervous System (Brain) 1942

Due to Secondary to Meningeal
Carcinoma
Due to _____

Other conditions _____
(Include pregnancy within 5 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?

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

23. Signature J. Lewis Huston (M. D. or other) M. D.
Address 3606 Grand Date signed 3/7-42

3. (a) PRINT FULL NAME MRS. MINNIE KRAMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Henry W. Kramer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 18, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Iron Mountain U Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alfred Proffitt

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

14. Maiden name Lizzie Davis

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

16. (a) Informant Austin Kramer

(b) Address 3226a California

17. (a) Burial (b) Date thereof March 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) 1110 9 1942 (b) J. F. Bredest
(Date received local registrar) (Registrar's signature)

Dr. J. Lewis Hutton
3606 Gravois
12³⁰ P.M.

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 G. Katz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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.