

FILED NOV 4 1942

318

Registration District No.

Primary Registration District No.

1002

Registrar's No.

8771

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: **Missouri Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

**Missouri** (a) State..... (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5137 Kensington Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Ludwig Eisenkramer**

3. (b) If veteran, name war..... 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 **Frieda Eisenkramer** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Aug. 6 1877**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **18** If less than one day  
hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Real Estate**

12. Name **Ferdinand Eisenkramer**

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

14. Maiden name **Theresa Baum**

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

16. (a) Informant **Charles Eisenkramer**

(b) Address **6240 Rosebury**

17. (a) **Burial** (b) Date thereof **10-23-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B'nai Amoona Cem.**

18. (a) Signature of funeral director **Herman Kindt**

(b) Address **5216 Delmar Blvd.**

19. (a) **OCT 22 1942** (b) **J. F. Bruner**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **21** year **1942** hour **7** minute **30P** M.

21. I hereby certify that I attended the deceased from **Oct 16** 1942 to **Oct 21** 1942 that I last saw him alive on **Oct 21** and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerosis** Duration **2 yrs**

Due to.....

Due to.....

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?

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

23. Signature **J. F. Bruner** (M. D. or other)

Address **Amorvinit Club Bldg** Date signed **10/22/42**

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

MOTHER FATHER

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**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.....

*Chas. W. Cooper*

Licensed Embalmer No. *38301*

P. O. Address *5216 Delmar*

**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.**