

7. S. No. 2
 FORM-5-42
 Rev. 5-17-39
 X3223

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

449
 State File No. _____
 Registrar's No. **1044**

FILED FEB 9 1943 18
 Registration District No. _____

1003
 Primary Registration District No. _____

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:
Park Lane 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 **Missouri** (b) County **St. Louis**
 (c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
 (d) Street No. **350 Orient ave.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Benjamin Kramer**

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

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Nellie Kramer** 6. (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **August 22 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	5	6	_____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Poster**

11. Industry or business **Shoe Factory**

MOTHER FATHER }
 12. Name **Unknown**
 13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Kramer**
 (b) Address **350 Orient ave. Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 2 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L.**
 (b) Address **7814 S. Broadway**

19. (a) **FEB 1 1943** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **28**
 year **1943** hour **4** minute **50 p.** M.

21. I hereby certify that I attended the deceased from **1 - 15**
15 19 **43** to **1 - 28** 19 **43**
 that I last saw him alive on **Jan 28 - 43**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Acute peritonitis**

Due to **Intestinal obstruction 4 days**

Due to **Adhesions ?**

Other conditions **Morbilli disentericum since birth**
(Include pregnancy within 3 months of death)

Major findings: **Intest obstruction, adhesions**
 Of operations **Morbilli disentericum**
 Of autopsy **same conditions**

Duration **71 days**
 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 **John S. Hagan** (M. D. or other)
 Address **Metropolis, Mo.** Date signed **1/29/43**

Dr. John B. Hayward
Metropolitan - 1322
Summit - 1322

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.....

Paul A. Shanklin....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Shanklin*.....

Licensed Embalmer No. *3472*.....

P. O. Address *1111 Broadway*.....

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.