

S. No. 2  
OM-2-43  
7-5-17-39  
P-1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30124

State File No.

LED SEP 17 1943

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 7951

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hoapital  
(If not in hospital or institution, write street number or location) 0

(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 St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1359 Shawmut  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Kramer

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

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

6. (b) Name of husband or wife Bessia Kramer 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years About 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Dealer in Auto Parts

11. Industry or business not known

12. Name Russia

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Russia

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

16. (a) Informant 1359 Shawmut

17. (a) Burial (b) Date thereof 9-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director St. Rindatoff

(b) Address 5216 Delmar

19. (a) SEP 6 1943 (b) J. Beedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 1940 to Sept. 5 19 43  
that I last saw him alive on Sept. 5 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death: arterio-sclerotic heart disease  
Coronary atherosclerosis myocardial infarct

Due to: arterio-sclerosis

Other conditions: 93  
(Include pregnancy within 3 months of death)

Duration  
3 yrs +  
3 mo +  
years

Major findings: Prostatectomy

Of operations: \_\_\_\_\_

Of autopsy: old myocardial infarct

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 Hewelllyn Seb (M. D. or other) \_\_\_\_\_  
J. Soo Albre (S) \_\_\_\_\_ Date signed 9/6/43

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. 3830

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.**