

FILED DEC 29 1943

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **11399**

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 Pacific  
(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: 999  
Illinois  
(a) State \_\_\_\_\_ (b) County St. Clair  
(c) City or town East St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1809 Gaty  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hermann 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 Emma B. Kramer  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 11 1876  
(Month) (Day) (Year)

8. AGE: 67 Years 11 Months 8 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Carman

11. Industry or business Terminal Railroad

12. Name Phillip Hamm  
13. Birthplace Lebanon, Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Schulte  
15. Birthplace Holland  
(City, town, or county) (State or foreign country)

16. (e) Informant Walter B. Mangood  
(b) Address East St. Louis, Ill.

17. (a) Social Removal (b) Date thereof Dec. 21, 43  
(Month) (Day) (Year)

18. (a) Signature of funeral director [Signature]  
(b) Address East St. Louis, Ill.  
19. (a) DEC 20 1943 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year 1943 hour 4 minute 10 A. M.  
21. I hereby certify that I attended the deceased from Dec 19 1943  
to Dec 19 1943  
that I last saw him alive on Dec 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation  
Sciuitly  
Due to Arteriosclerosis  
renal insufficiency - years.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 12-19-43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

12-11  
1-1

---

---

**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.....

Licensed Embalmer No. *3162*

P. O. Address *E. St. Louis Ill*

**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.**