

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
3139 Michigan Ave.  
(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 \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3139 Michigan  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret 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 Married

6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 38 yrs years

7. Birth date of deceased May 13 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER } 12. Name Charles Kirsch  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Josephine Sipp  
 15. Birthplace Bohemia  
(City, town, or county) (State or foreign country)

16. (a) Informant George Kramer  
 (b) Address 3139 Michigan Ave.

17. (a) Burial (b) Date thereof Dec. 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Ribben Sons  
 (b) Address 2630 Crovois Ave.

19. (a) DEC 22 1943 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 17 day \_\_\_\_\_  
 year 1943 hour 6 minute 17 A. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1943  
 \_\_\_\_\_, 19 \_\_\_\_\_ to Dec 17, 1943;  
 that I last saw her alive on Dec 16, 1943;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma  
Primary site over 6 mo.  
left breast

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 Robert L. Zyc, M.D. (M.D. or other) \_\_\_\_\_  
 Address 3201 Arsenal Date signed 12-18-43

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

115711

115711

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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..... *Robert H. Gobben*.....  
Licensed Embalmer No. *4144*.....  
P. O. Address..... *J 2630 Grandis*.....

**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.**