

FILED OCT 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35213
Registrar's No. 291

Registration District No. 317

Primary Registration District No. 4467

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(none) 904 Marshall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Marshall Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Art hur Carl Crame

3. (b) If veteran, name war none
3. (c) Social Security No. 328-075-583

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Crame 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. 3 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 10 If less than one day
hr. min.

9. Birthplace Rantool Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation weider & mechanic

11. Industry or business Own shop

MOTHER FATHER { 12. Name Arthur B. Crame
13. Birthplace Colony Kansas - Kansas 1
(City, town, or county) (State or foreign country)
14. Maiden name Maie Martha Kern
15. Birthplace Cravitz Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Crame

(b) Address 904 Marshall Ave. Valley Park, Mo.

17. (a) Burial (b) Date thereof OCT. 16 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) OCT 17 1944 (b) E. J. McLawran M.D.
(Date received local registrar) (Registrar's signature) (Title)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1944 hour 7 minute 12 P. M.

21. I hereby certify that I attended the deceased from Oct. 12
1944 to Oct 13 1944
that I last saw him alive on Oct 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Cornary thrombus 2 day
Due to

94 a
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?

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

Signature F. D. Knob (M. D. or other) _____
Address Valley Park Mo Date signed 10-14-44

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

1945
1945

NOV 9 1944

REC 7 1944

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.....

Theo. Schrader

Licensed Embalmer No.....

P.O. Address.....

*3066
Bellewin, Mo.*

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.