

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 360

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If outside city or town limits, write "RURAL")
(d) Length of stay: In hospital or institution 4 days 0 (If not in hospital or institution, write street number or location)
In this community about 85 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 1939 Palm St.. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) (1)
If yes, name country

3. (a) PRINT FULL NAME Louise Kramer
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 11th year 1945 hour 8:35 minute P. M.
21. I hereby certify that I attended the deceased from 1/11/45 to 1/11/45
that I last saw h. br alive on and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
about 85 years hr. min.
9. Birthplace St. Louis Mo. (1) (City, town, or county) (State or foreign country)

Immediate cause of death Cerebral thrombosis
Due to Arterio sclerosis
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation none
11. Industry or business
12. Name Herman Kramer
13. Birthplace unknown (1) (City, town, or county) (State or foreign country)
14. Maiden name Anna Luetger
15. Birthplace Germany (1) (City, town, or county) (State or foreign country)
16. (a) Informant Herman Moeller
(b) Address 1939 Palm St.
17. (a) Burial (1) (b) Date thereof 1-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JAN 13 1945 (b) J. F. Bredeek (c) (Registrar's signature)

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 E. C. Edmunds (M. D. or other) 1515 Lafayette 1/12/45 Date signed 1/2/45

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

MOTHER, FATHER

600
267

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

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.....

John P. Buchholz

Licensed Embalmer No.....

1674

P. O. Address.....

2223 St. Louis Ave

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.