. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21392

State File No.

FILED JUN 21 1945

Registration District No. 947

Primary Registration District No. 3070

Registrar's No. 1580

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1330 Wexford
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Wexford
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Kramer
3. (b) If veteran, name war Spanish American
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Marie Wiegert Kramer
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 4th 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	14	— hr. — min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Meat Cutter
11. Industry or business Retail Meats
FATHER
12. Name William Kramer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louisa Hafertepe
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Marie Kramer
(b) Address 1330 Wexford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunsett Burial Park
18. (a) Signature of funeral director Henry L. Kleinschmidt
(b) Address 6203 Chippewa Ave
19. (a) JUN 18 1945 (Date received local registrar) (b) E. R. McCausey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1945 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from June, 19..., to ..., 19...; that I last saw him alive on Jan. 16, 1945, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocard. failure heart
Contrad disease of heart

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 200 PM

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) none
(b) Date of occurrence —
(c) Where did injury occur? none (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
Signature Frank P. Gaus (M. D. or other) MD
Address 13 N. Gore, Webster Groves, Mo. Date signed 6/18/45

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1945

AUG 7 1945

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 G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.