

FILED DEC 28 1945

State File No. _____

Registration District No. 317

Primary Registration District No. 6072082

Registrar's No. 2883

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6678 Washington /
(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 St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 6678 Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara B. Cramm

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-05-1443

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 July 18, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 2 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Wallace pencil Co.

12. Name Charles B. Cramm

13. Birthplace Iowa /
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Whitmore

15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Cameron

(b) Address 6678 Washington

17. (a) Removal (b) Date thereof 12/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tama, Iowa

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) 12-21-45 (b) E. M. Gavan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1945 hour 1 pm minute _____ M.

21. I hereby certify that I attended the deceased from Dec 15 1945, to Dec 20 1945
that I last saw h. or alive on Dec 20 1945, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Sclerosis

Due to Bronchial Asthma

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 W. H. Olmsted (M. D. or other) _____
Address 3720 Washington Date signed 12/20

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

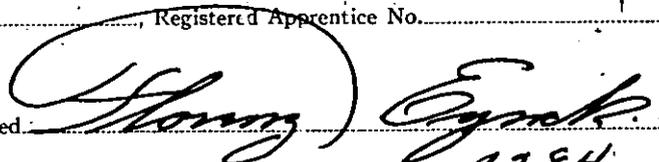
JAN 7 1946

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. 2284

P. O. Address St. Louis 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.