. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 42449

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 2940

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days (Specify whether years, months or days)
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4243-A Chouteau 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME KRAMER, ARTHUR
3. (b) If veteran, name war World I
3. (c) Social Security No. 494 09 4921

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vera Kramer
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March (Month) 18 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
61	8	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Dry Goods Salesman
11. Industry or business --

FATHER
12. Name Abraham Kramer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Josephine Rowe
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 17 45 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway
19. (a) 12-17-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1945 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from October 24, 1945, to December 14, 1945; that I last saw him alive on December 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CANCER OF STOMACH(EXTENSIVE).	Unknown
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations Posterior gastroenterostomy. November 20, 1945
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) No.
(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

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M.C.,
Clinical Director.
Address Vet. Adm. Hosp., Jeff. Brks. Mo. Date signed 12/14/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 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 Edwin D McDermott

Licensed Embalmer No. 13024

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.