

No. 2
M-2-43
S-17-39
X35307

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34797 0

FILED **OCT 16 1946**

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2087

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
920 Bermuda
(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 Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Bermuda 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Louise Kraemer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 5
year 1946 hour 12 minute 45 A.M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased Nov. 8 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 21, 1945, to Sept 27, 1946
that I last saw her alive on Sept 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis 93d
year

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>10</u>	<u>27</u>	_____ hr. _____ min.

Due to Information of old age year

Due to _____

9. Birthplace Germany 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Frederick Ebeler 11

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Bromeisick

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Arthur Kraemer

(b) Address 5509 Claxton

17. (a) Burial (b) Date thereof 10/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provoost Ind. Co

(b) Address 3710 N. Grand Blvd.

19. 10-8-46 (b) Arthur Kraemer
(Date received by registrar) (Registrar's signature)

23. Signature L. Marder (M.D. or other) 0
Address 215 E. N. Vandeventer Date signed 10-5-46

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

MOTHER FATHER

St Louis Mo.

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..... *W E Morris*

Licensed Embalmer No. *3360*

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.