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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15305**  
Registrar's No. **2233**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4456 Ellenwood Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 72 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County and  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 15-17  
(d) Street No. 4456 Ellenwood Avenue  
(If rural, give location) 9  
(e) Citizen of foreign country? No. (Yes or No) J  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Emma Kraemer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife August 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased August 20, 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7 year 1947 hour 6 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Oct 12, 1945 to April 7, 1947.  
that I last saw her alive on March 28, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 7 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Guincy, Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Immediate cause of death Coronary of Reticum with Mitastasis Duration 7 years  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Hb  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name George Ernst Hoefler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina Burkhardt  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)  
16. (a) Informant August Kraemer  
(b) Address 4456 Ellenwood Avenue  
17. (a) Burial (b) Date thereof April 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
18. (a) Signature of funeral director BEIDERWIEDEN F.H. INC.  
(b) Address 1936 St. Louis Avenue  
19. (a) APR 8 1947 (b) J. F. Bredenk  
(Date received local Registrar) (Registrar's signature)

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) \_\_\_\_\_  
(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 Marie Herman (M. D. or other) M.D.  
Address 3657 Grand St. St. Louis Date signed April 8, 1947

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

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**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 Heath Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 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:**