. S. No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25746

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6643

PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ono

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3808a Labadie Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Charles F. Kramer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna M. Kramer

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September (Month) 3 (Day) 1876 (Year)

8. AGE: Years 70 Months 10 Days 9 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 3

10. Usual occupation Retired Salesman

11. Industry or business Eagle Discount Stamp Co

FATHER
12. Name Henry Kramer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna M. Kramer
(b) Address 3808a Labadie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin f Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 12 day 12
year 1947 hour 9. minute 45 A. M.

21. I hereby certify that I attended the deceased from 15 April 1946 to 12 July 1947
that I last saw him alive on 11 July 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Pancreas

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 yr

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. K. Ehlerhoff (M. D. or other) MD

Address 634 N Grand Date signed 14 July 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Julia

N. Ackerhoff
Mo Theatre Bldg.

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 Ralph C. Linders

Licensed Embalmer No. 4275

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.