. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25747

Primary Registration District No. 1003

Registrar's No. 6773

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4646 Leona St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-00

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

(d) Street No. 4646 Leona St. 9
(If rural, give location) 15 0

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

If yes, name country

3. (a) PRINT FULL NAME RICHARD KRAMER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Marie

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

7. Birth date of deceased Mar. (Month) 5 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	4	12	hr. min.

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

10. Usual occupation Marble Worker

11. Industry or business (retired 15 yrs.)

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

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

16. (a) Informant Richard Kramer
(b) Address 4646 Leona St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 21 47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1947 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from 5-12-47 19..., to 7-17-47, 19..., that I last saw him alive on July 13 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Larynx	2½ Mo.
Due to Hypertensive heart disease	2½ Mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
Of autopsy No	

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work No (e) Means of injury No

23. Signature George A Daman (M. D. or other) M. D.

Address 3925 S. Grand Date signed 7-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

GEORGE A DAMAN

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.....

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.