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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6604

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2117

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: Deaconess Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis County (If outside city or town limits, write "RURAL")
(d) Street No. 3681 Brown Rd. (If rural, give location)
(e) Citizen of foreign country No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH KRAMPER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry G. Kramper
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 26 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
78	7	2	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation HWK
11. Industry or business
FATHER 12. Name William Luebke
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marie Raeder
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Miss Cecelia Kramper
(b) Address 3681 Brown Rd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection
18. (a) Signature of funeral director Kriegshauser Mort.
(b) Address 4228 S. Kingshighway
19. (a) (Date received by local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28 year 1948 hour 7 minute 55 A.M.
21. I hereby certify that I attended the deceased from FEB. 14 1948, 19.. to FEB 28, 1948; that I last saw her alive on FEB. 27, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BRONCHO PNEUMONIA	48 HRS
Due to: GENERALIZED ARTERIO-SCLEROSIS	SEVERAL YEARS
Due to: CHRONIC MYOCARDITIS WITH TERMINAL DECOMPENSATION	24 HRS
Due to: HYPERTENSION	YEARS

Other conditions (Include pregnancy within 3 months of death): FRACTURED HIP FEB 14 1948 NAILED ON FEB 20 1948
Major findings: Of operations: FRACT. NECK OF FEMUR
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) ACCI
(b) Date of occurrence Feby 14 1948
(c) Where did injury occur? St. Louis County Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell at Home (Specify type of place)
While at work? (e) Means of injury
23. Signature C. H. Crego Jr. (M. D. or other)
Address 539 N. Grand Date signed 2-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

C. H. Gregor
Humboldt 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 Richard W. Stoveland

Licensed Embalmer No. 4007

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.