

No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10075

State File No.

2682

National Office of Vital Statistics
FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

100
17
9

WRITE 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.....
ST. LOUIS MATERNITY HOSPITAL
(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..... **1000**

(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **6209 EICHELBERGER**
14 (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **INFANT FEMALE CRAM**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex..... **FEMALE**

5. Color or race..... **WHITE**

6. (a) Single, widowed, married, divorced..... **0**

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

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

7. Birth date of deceased..... **MARCH 16 48**
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| | | | 1 hr. 5 min. |

9. Birthplace..... **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name..... **WENDAL WILBUR CRAM**

13. Birthplace..... **OSBORNE KANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name..... **HARRIET SPENCER BRUMBAUGH**

15. Birthplace..... **PORTIS KANSAS**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **ST. LOUIS MATERNITY HOSPITAL**

(b) Address..... **630 SO. KINGSHIGHWAY, CITY**

17. (a) **Removed** (Burial, cremation, or removal) (b) Date thereof..... **3-17-48**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Portis Kansas**

18. (a) Signature of informant..... **Rowland Mortuary Service**

(b) Address..... **Rowland Mortuary Service**

19. (a) **MAR 18 1948** (Date received local registrar) (b) **J. F. [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **16**
year..... **48** hour..... **10** minute..... **30** A.M.

21. I hereby certify that I attended the deceased from **March 16 9:25 A.M.** 19**48**, to **MARCH 16 1948**; that I last saw her alive on **MARCH 16 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Gay thro blastosis foetalis
Due to 2 1/2 incompatibility between husband & wife

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

Major findings:
Of operations..... **16/10**

Of autopsy.....

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?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **W. H. Masterson** (M. D. or other)

Address..... **630 S King Highway** Date signed..... **3-16-48**

2892

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 Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas M

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.