FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21049

Registrar's No. 6019

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: 4475 Bircher Blvd
(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 Mo (b) County 800

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

(d) Street No. 4475 Bircher Blvd 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME Mary Kramer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec (Month) 6 (Day) 1866 (Year)

8. AGE: Years 81 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Engelbert Schaper
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christine ~~Sch~~ Theisman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Kramer
(b) Address 4475 Bircher Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 9 (Day) 48 (Year)
(c) Place: burial or cremation Burial-Calvary

18. (a) Signature of funeral director Elm Koch & Son
(b) Address 3516 N. 14th

19. (a) Jul 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 11 minute 15A M.

21. I hereby certify that I attended the deceased from Jan 10, 1948 to July 6, 1948
that I last saw her alive on July 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Craemia	1wk
Due to Cirrhosis of liver	?
Due to Pernicious Anemia	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury

23. Signature Robt O McElvain (M. D. or other) M.D.

Address 4356 Warne Ave. Date signed 7-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.