

FILED AUG 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25762

No. 300  
10-48

950

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

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6077</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>STE. GENEVIEVE</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>STE. GENEVIEVE</u>		b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BEAUVILLE T.S.</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL BEAUVILLE T.S.</u>		95	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>STAR ROUTE # 2</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>LEO</u>	b. (Middle) <u>SEBASTIAN</u>	c. (Last) <u>KRAMER</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>JULY 26 1949</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMHAND</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>IVER AUX VASSES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARTIN KRAMER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE RUDLOFF</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. August LaRoe River Aux Vasses Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Myocarditis</u>				<u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 1949</u> , to <u>July 26, 1949</u> , that I last saw the deceased alive on <u>July 24, 1949</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>July 26 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>		24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 30, 1949</u>		REGISTRAR'S SIGNATURE <u>L.D. Karl for Theresa M. Karl</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Baehler St. Genevieve Mo</u>			

RECEIVED 8-2-49

Health Officer No. 4

File Number 849-103

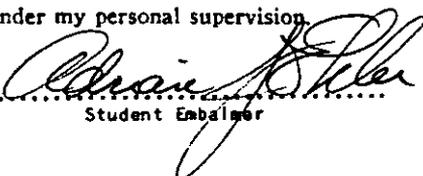
Date Filed

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

Student Embalmer No. 311

working under my personal supervision

Student  Student Embalmer

Signed  Licensed Embalmer

Licensed Embalmer No. 1985

P. O. Address, St. Genevieve, 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.