

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35030**

FILED OCT 27 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8774**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 15 4359 Taft Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) A.	c. (Last) Cramer	4. DATE OF DEATH (Month) (Day) (Year) 10-10-1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-8-1863	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 86
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George H. Cramer	13b. MOTHER'S MAIDEN NAME Iona Mueller	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Harold Naiser	ADDRESS 301 McKnight Road
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) 97
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. No	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? #570
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22. I hereby certify that I attended the deceased from **March, 1949, to Oct. 10, 1949**, that I last saw the deceased alive on **Oct 10, 1949**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard A. Jones M.D.	(Degree or title)	23b. ADDRESS 3720 WASHINGTON ST. LOUIS	23c. DATE SIGNED 11 Oct 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 10-12-1949	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) 3211 Sublette Ave. Mo
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DATE REC'D BY LOCAL REG. ACT 12 1949	REGISTRAR'S SIGNATURE J. B. Lancaster	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenfuss	ADDRESS 6409 Gravois Ave
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(Licensed Embalmer's Signature on Reverse Side)

Room 235 Drs. Andrews or Jones 3720 Washington JB 1057 1:30 to 3:30

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

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald O. Mahule

Licensed Embalmer No. 3917

P. O. Address St. Louis 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.