

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39763

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4476

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Jefferson Barracks, MO.</u> c. LENGTH OF STAY (in this place) <u>18 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vet. Adm. Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u> d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>G.</u> c. (Last) <u>KRAMER,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/11/ 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Alton, Illinois</u>	
13a. FATHER'S NAME <u>Herman Kramer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kline</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>498 01 3640</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>METASTATIC CARCINOMA TO PELVIC AND AORTIC LYMPH NODES</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Anus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laennec's Cirrhosis of Liver</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>191X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 3,</u> 19<u>49</u>, to <u>Nov. 21</u>, 19<u>49</u>, that death occurred on the <u>death occurred on the</u> date stated above, and that death occurred at <u>3 p.m.</u>, from the causes and on the date stated above. 			
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>L.E. Stilwell, M.D., Chf. Prof. Services</u>		23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>	
23c. DATE SIGNED <u>11/21/49</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>11-22-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SENATH MO SENATH MO</u>	
24d. LOCATION (City, town, or county) (State) <u>SENATH MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister U&L Co. St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-22-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>	

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 Linna C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.