

No. 300
10-48

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39341**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **465** Registrar's No. **2857**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St Louis	
b. CITY OR TOWN Rock Hill		c. CITY OR TOWN Rock Hill 4131	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 905 TAVOLON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 905 TAVOLON			

3. NAME OF DECEASED (Type or Print) ADOLPH KRAMER			4. DATE OF DEATH (Month) (Day) (Year) NOV-26-50		
5. SEX MALE	6. COLOR OR RACE W.	7. MARRIED-NEVER MARRIED; WIDOWED-DIVORCED (Specify) W. 2	8. DATE OF BIRTH APRIL-22-1863		9. AGE (In years last birthday) 87 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME ADOLPH KRAMER	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE EMILIE A KRAMER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Mr Elmer L. Kramer	ADDRESS 905 TAVOLON
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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, asphyxia, 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) Cerebral thrombosis & left hemiplegia		1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general		15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate			232A 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 **Nov 9, 1946**, to **Nov 26, 1950**, that I last saw the deceased alive on **Nov 25, 1950**, and that death occurred at **2:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) CH Bockelman M.D.	23b. ADDRESS 2615 Brentwood Blvd	23c. DATE SIGNED Nov. 27, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV-29-50	24c. NAME OF CEMETERY OR CREMATORY NEW BETHELEM CEM.	24d. LOCATION (City, town, or county) (State) St. Louis MO
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DATE REC'D BY LOCAL REG. 11/27/50	REGISTRAR'S SIGNATURE Robert P. Lonke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmeier	ADDRESS 3125 Lafayette Ave.
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(License - Embalmer's Statement on Reverse Side)

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

4001

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Joseph B. Valmer

Licensed Embalmer No. *4814*

P. O. Address *325 Lafayette*

Signed.....
Student Embalmer

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.