

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
748
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020

1. PLACE OF DEATH
a. COUNTY Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) Washington Mo. c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) Saint Clair d. STREET ADDRESS (If rural, give location) R.R. Mo.

d. FULL NAME OF HOSPITAL OR INSTITUTION Washington St. Home

3. NAME OF DECEASED (Type or Print)
a. (First) August Ernest b. (Middle) Kramme c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 - 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Feb. 8 1916

9. AGE (In years last birthday) 34 10. MONTHS 11 11. DAYS 11 12. HOURS 11 13. MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veteran war 2 10b. KIND OF BUSINESS OR INDUSTRY Post Office 11. BIRTHPLACE (State or foreign country) St. Clair, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Kramme 13b. MOTHER'S MAIDEN NAME Bertha Meyer 14. NAME OF HUSBAND OR WIFE Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WAR 2 16. SOCIAL SECURITY NO. 500-16-2483 17. INFORMANT'S SIGNATURE OR NAME wife - Pauline Kramme ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Large Bowel
ANTECEDENT CAUSES (b) Cancer of large bowels
DUE TO (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.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 17, 1945 to Jan. 20, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at 12:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Washington Mo 23c. DATE SIGNED 1/22/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 23 1951 24c. NAME OF CEMETERY OR CREMATORY Bethel Cem. 24d. LOCATION (City, town, or county) (State) St. Clair, Mo.

DATE REC'D BY LOCAL REG. Jan. 23/1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Clair, Mo.

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

0362

MAR 12 1951

MAR 3 1951

DISTRICT HEALTH OFFICE No. 4

JAN 29 1951

RECEIVED

JAN 31 1951

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 *Sherwood W. Mitchell*

Signed.....
Student Embalmer

Licensed Embalmer No. *3873*

P. O. Address *H. Clair, 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.