

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10310

State File No. _____

FILED APR 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2024</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3705 Iowa</u>				d. STREET ADDRESS (If rural, give location) <u>3705 Iowa</u>					
3. NAME OF DECEASED (Type or Print) <u>Hugo</u>			a. (First)		b. (Middle)		c. (Last) <u>Kraemer</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1951</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>Dec. 28, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furnace Co.</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Kraemer</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Ehrhart</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie Kraemer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>492-22-368</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nettie Kraemer</u>				ADDRESS <u>3705 Iowa Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>carcinoma of bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____						INTERVAL BETWEEN ONSET AND DEATH	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>					
22. I hereby certify that I attended the deceased from <u>July 24, 1950</u> , to <u>3-29-</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. Howell M.D.</u>				23b. ADDRESS <u>729 Union Bldg</u>		23c. DATE SIGNED <u>3-29-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milstadt, Illinois</u>			
DATE FILED BY LOCAL REG. <u>Mar 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lussier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>					
				ADDRESS <u>4700 Washington</u>					

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

Public

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

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.