

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10311

State File No. 2361

FILED MAR 22 1951

318

1003

2361

|  |  |  |   |   |  |  |  |  |  |
|--|--|--|---|---|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township):<br>OR TOWN. <u>St. Louis.</u>  |  | c. LENGTH OF STAY (in this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                                      |  | 2249   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>  |  |  |   | STREET ADDRESS (If rural, give location)<br><u>2831a Miami</u>  |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Henry</u>   |  | b. (Middle) _____  |   | c. (Last) <u>Kramer</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Mar. 11 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>Nov. 14 1865</u>                                     |  |  |  |
| 9. AGE (In years last birthday) <u>85</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |   | IF UNDER 6 mos. Hours _____ Mins. _____   |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Tailor</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____ |   |  | 11. BIRTHPLACE (State or foreign country)<br><u>Germany</u>              |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>4</u>   |  | 13a. FATHER'S NAME<br><u>Henry Kramer Sr.</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Henry Kramer</u>                       |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____   |  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Helen Kramer 2831a Miami</u>  |  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.</u><br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 mo.</u><br><u>4 years</u> |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |   |  | 20. AUTOPSY?<br>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) (Min.) _____   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>4200</u>   |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>10-7-47</u> , 19____, to <u>3-11-51</u> , 19____, that I last saw the deceased alive on <u>3-11-51</u> , 19____, and that death occurred at <u>4:45P</u> m., from the causes and on the date stated above. |  |  |   |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>W. Williams MD</u>  |  |  |   | 23b. ADDRESS<br><u>235 Wisconsin Bldg</u>   |  | 23c. DATE SIGNED<br><u>3-12-51</u>                                       |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>3-14-51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u>    |  |  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>MAR 13 1951 J. B. Pasater</u>  |  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Wm. Schumacher 3013 Meramec</u>  |  |  |  |  |  |

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

WILLIAMSON 906 Olive  
FRISCO Bldg. CH 5355  
1P17. To - SP. M.

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.....  
Student Embalmer

Signed

*Jack Haupt*

Licensed Embalmer No. 7796

P. O. Address H. Haupt

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.