6. No. 300
. 10.48

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

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31226

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 509 HAMILTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE 094
d. STREET ADDRESS (If rural, give location) 509 HAMILTON

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) CHRISTINE
c. (Last) CRAMP

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 11. 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH NOV. 23. 1875
9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months 9 Days 18
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) BONNE TERRE MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRIS CRAMP
13b. MOTHER'S MAIDEN NAME MARY LONGA
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME MRS. EDWARD RADLE ADDRESS BONNE TERRE MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — arteriosclerosis — D.K.
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Dont Know

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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) m.
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* 9-8-, 1951, *to* 9-11-, 1951, *that I last saw the deceased alive on* 9-10-, 1951, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. L. Lemons (Degree or title) M.D.
23b. ADDRESS Bonne Terre MO
23c. DATE SIGNED 9-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT. 13. 1951
24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE
24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.

DATE REC'D BY LOCAL REG. SEPT. 15, 1951
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE Benton Rudloff ADDRESS Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 23 1951
DISTRICT HEALTH OFFICE No. 4
File No.

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.