

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11435

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings, Mo</u>	
c. LENGTH OF STAY (in this place) <u>11 Days</u>		d. STREET ADDRESS (If rural, give location) <u>5530 Jennings Rd.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pine Crest Homes</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>	b. (Middle) <u>J</u>	c. (Last) <u>Kramer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>26</u> <u>52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1/27/1873</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>30</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>FRED KRAMER</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA STAGEY</u>	14. NAME OF HUSBAND OR WIFE <u>AMELIA KRAMER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold J. Kramer</u>	ADDRESS <u>2335 Wenglers</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Jan 19, 1952, to Jan 26, 1952, that I last saw the deceased alive on Jan 26, 1952, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Jensen</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1104 Macmillan Kirkwood Mo</u>	23c. DATE SIGNED <u>Jan 27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY - MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Douke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Tanner</u>	ADDRESS <u>Natural Bridge</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000
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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 _____

John J. Haines

Signed _____
Student-Embalmer

Licensed Embalmer No. *4198*

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.