

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29105

0500  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5094 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramec Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Meramec Mo 500	
c. LENGTH OF STAY (In this place) 40		d. STREET ADDRESS (If rural, give location) Meramec Township 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owen Home			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) HENRY	
c. (Last) KRAMME		4. DATE OF DEATH (Month) (Day) (Year) Aug 21-1953	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH April 24-1872
9. AGE (In years last birthday) 81		10. MONTHS 3	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Meramec Mo
12. CITIZEN OF WHAT COUNTRY? U.S.R.		13a. FATHER'S NAME August Kramme	
13b. MOTHER'S MAIDEN NAME Dittmer		14. NAME OF HUSBAND OR WIFE Himmie Hechtman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Kramme 6150 Oakland St. St. Louis			
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) Cancer Lungs ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Sigmoid Flexure DUE TO (c) General Debility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from Aug-6-53, 1953, to Aug-21-53, 1953, that I last saw the deceased on Aug 18, 1953, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. E. Kitchell (Degree or title)		23b. ADDRESS St. Clair Ave	
23c. DATE SIGNED 8-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/24/53	24c. NAME OF CEMETERY OR CREMATORY St. Martin's Cemetery	24d. LOCATION (City, town, or county) St. Clair (State) Mo
DATE REC'D BY LOCAL REG. Aug 29-53	REGISTRAR'S SIGNATURE Ruth Jissa 438	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brunner Funeral Home 1111 Normal Springs Mo.	

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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED SEP 2 1953

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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No. ....  
*John H. Brumby*

Licensed Embalmer No. 1470

P. O. Address House Springs, 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.