

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32182**  
Registrar's No. **7948**

FILED SEP 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>-a.-STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> |  | c. LENGTH OF STAY (in this place) _____   | c. CITY OR TOWN <b>University/City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>                                |  | e. STREET ADDRESS (If rural, give location) <b>7124 Kingsbury Avenue</b>  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <b>ABRAHAM</b>  | a. (First)   | b. (Middle)  | c. (Last) <b>KRAMER</b>                    | 4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 26, 1956</b> |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>                        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>      | 8. DATE OF BIRTH <b>May 2, 1882</b>        | 9. AGE (In years last birthday) <b>74</b>                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Broker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Russia</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |  |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Leon Kramer</b>                                       | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Pearl Kramer</b>                             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. Kramer-7124 Kingsbury Ave.</b> |

|   |  |  |  |
|---|--|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Duodenal Ulcer with obstruction</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>14 yrs</b>                                   |
|   | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral sclerosis with angina pectoris</b> |  |  |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION <b>541.0</b>  |  | 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) _____ | 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 Jan 26, 1942 to Aug 26, 1956, that I last saw the deceased alive on Aug 26, 1956, and that death occurred at 7 p.m., from the causes and on the date stated above.

|  |                             |  |  |
|--|-----------------------------|--|--|
| 23a. SIGNATURE <b>Mona Alex</b>                          | (Degree or title) <b>MD</b> | 23b. ADDRESS <b>601 Humboldt Bldg</b>                            | 23c. DATE SIGNED <b>8/27/56</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>8/28/56</b>    | 24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b> | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b> |

|   |   |  |                               |
|---|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <b>AUG 28 1956</b> | REGISTRAR'S SIGNATURE <b>Carl Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Rindskopf, Inc.</b> | ADDRESS <b>5216 Delmar Bl</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *John Ketter*

Licensed Embalmer No. *388*

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.