

Health,
& Welfare
S. Public
th Service

FILED NOV 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

128276
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2787

S. 300
v. 1-57

3

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.L.Cty Hospital		Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 7706 Snowden Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle FREDERICK Last KRAMER			4. DATE OF DEATH Month Nov. Day 7, Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1882		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired maintenance		10b. KIND OF BUSINESS OR INDUSTRY Electrical Mfg.	11. BIRTHPLACE (City and state or country) Olivette, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Kramer		13b. MOTHER'S MAIDEN NAME Mary Caesar		14. NAME OF HUSBAND OR WIFE Alma Hale Kramer	
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. 492-22-4241		17. INFORMANT Address Alma H. Kramer, 7706 Snowden Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Parenchymatous Nephritis (Nephrotic)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH 591 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____	STATE _____
21. I attended the deceased from <u>July 1956</u> to <u>Nov 7-57</u> and last saw him alive on <u>Nov 7-57</u> Death occurred at <u>330 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. J. Foster</i> (Degree or title) M.D.			22b. ADDRESS 3700 N. Grand Ave		22c. DATE SIGNED 11/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 11, 1957		23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri.			23e. (State)		
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave			25. DATE RECD. BY LOCAL REG. 11-9-57		26. REGISTRAR'S SIGNATURE <i>Harbert K. Somber</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Arthur Jost

2-7 pm

3700 N. Grand at Natrl Bridge

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 Delia J. Krupin

Licensed Embalmer No. 3497

P. O. Address St Louis

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.