

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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012742

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 924

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) Rural-Meramec Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural Meramec Twsp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 109		Length of stay in lb 58 Yrs	d. STREET ADDRESS (If outside, give location) Highway 109		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George Wm. Kramer			4. DATE OF DEATH Month Day Year March 31 1958		
5. SEX Male <input checked="" type="checkbox"/>	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 Dec 13 1867		9. AGE (In years last birthday) 90
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 (City and state or country) Burrville, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Wm. Kramer		
14. MOTHER'S MAIDEN NAME Charlotta Hatz			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. no			17. INFORMANT Address Fred Kramer Rt 1, Glencoe, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral apoplexy</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>cardio renal hypotension</i>					<i>10 years</i>
DUE TO (c) <i>arteriosclerosis</i> 442X					<i>15 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes mellitus</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>7-21-42</i> to <i>3-31-58</i> and last saw her ^{her} alive on <i>1-29-58</i> Death occurred at <i>7 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>H. Schubert</i>			22b. ADDRESS <i>Evans, Mo.</i>		22c. DATE SIGNED <i>4-1-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-2-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Antioch Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Monarch Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Schrader Funeral Home Ballwin Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>4-1-58</i>		26. REGISTRAR'S SIGNATURE <i>Herbert P. Donohue</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

X working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard M. Bopp

Licensed Embalmer No. *45*

P. O. Address *Ballwin,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.