

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016045  
State File No.

Filed MAY 8 1958

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4650

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>3139 MICHIGAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01 3139 MICHIGAN</u>		e. STREET ADDRESS <u>3139 MICHIGAN</u>	
3. NAME OF DECEASED a. (First) <u>ANNA</u>		b. (Middle)	
c. (Last) <u>KRAMER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 1958</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>MAY 18 1893</u>	
9. AGE (to year last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BERNARD KRAMER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA DIERBAUM</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE KRAMER</u> ADDRESS <u>3139 MICHIGAN</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adenocarcinoma of breasts</u> DUE TO (c) <u>170X</u> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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 <u>Jan 5, 1958</u> , to <u>Apr 27, 1958</u> , that I last saw the deceased alive on <u>Apr 26, 1958</u> , and that death occurred at <u>7:00 A.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Edward H. Schmidt</u> (Degree or title)		23b. ADDRESS <u>m.d. 1504 So. Grand</u>	
23c. DATE SIGNED <u>4/29/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APR. 30 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Hutes</u> ADDRESS <u>2906 Grand</u>	
DATE REC'D BY LOCAL REG. <u>APR 30 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1504 S. *Thomas*  
PR 6-6133  
430-730

**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 .....  
Student Embalmer

Signed: *Samuel C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Ipswich*

**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.