Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041813
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11192

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 LITTLE SISTERS OF THE POOR — Length of stay in 1b 1 YR 21/9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ~~ST LOUIS~~
c. CITY OR TOWN ST LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3225 MONTGOMERY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FERDINAND Middle Last KRAMER
4. DATE OF DEATH Month NOV. Day 19 Year 1958

5. SEX MALE
6. COLOR OR RACE 0 WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH FEB. 6, 1873
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLOUR MILL
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) WATERLOO ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U. SA

13a. FATHER'S NAME CHRISTIAN KRAMER
13b. MOTHER'S MAIDEN NAME LOUISA SCHILLING
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. 492-07-1872A
17. INFORMANT Louis Kohler Address 2107 BISSELL ST LOUIS MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH ???
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 442X
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT Very SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May 12 1958 to Nov 19 1958 and last saw ~~her~~ him alive on Nov 15 1958
Death occurred at 20 4 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard H. Stotts Me
22b. ADDRESS 2435 N. Grand Blvd
22c. DATE SIGNED 11-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 22, 1958
23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM
23d. LOCATION (City, town, or county) WATERLOO (State) ILLINOIS

24. FUNERAL DIRECTOR Emil Quernheim ADDRESS WATERLOO ILL
25. DATE RECD. BY LOCAL REG. NOV 20 '58
26. REGISTRAR'S SIGNATURE J Earl Smith MD
MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Frank Prokopf

Licensed Embalmer No. 435[illegible]

P. O. Address St. Louis [illegible]

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.