

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027700

FILED VS JUL 21 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1912 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grover</b>		Length of stay in 1b <b>8 Yrs.</b>	c. CITY OR TOWN <b>Grover</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway 100</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Highway 100</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Sophie</b> Middle <b>Kramer</b> Last <b>Kramer</b>			4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1959</b>	
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5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/10/1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Wm. Vesper</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Fisher</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Kramer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Henry Kramer, Grover, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Auto coronary thrombosis</b>	<b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>16 year</b>
	<b>chronic myocarditis</b>	
	DUE TO (c)	<b>20 year</b>
	<b>arteriosclerosis</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from 3-14-44 to 7-13-59 and last saw her alive on 5-19-59  
Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>A. B. [Signature]</i> (Degree or title)	22b. ADDRESS <b>Eureka, Mo.</b>	22c. DATE SIGNED <b>7-14-59</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/16/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery,</b>	23d. LOCATION (City, town, or county) (State) <b>Pond, Mo.</b>
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24. FUNERAL DIRECTOR <b>Schrader Funeral Home, Ballwin, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-15-59</b>	26. REGISTRAR'S SIGNATURE <i>John P. Murphy, MD</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
for by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Popp

Licensed Embalmer No. 4584  
P. O. Address Ballwin

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.