

PURE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042110

FILED VS DEC 7 1959

STATE FILE NUMBER

210255

MEMORANDUM

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS		Length of stay in lb 7 DAYS	c. CITY OR TOWN LEMAY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 436 KINGSTON DRIVE
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES C. KRAMER			4. DATE OF DEATH Month Day Year NOVEMBER 6, 1959
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 5/16/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY LOWELL BLEACHERY	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) ST. LOUIS CO., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME BENJAMIN KRAMER		13b. MOTHER'S MAIDEN NAME NELLIE WALSH KRAMER	14. NAME OF HUSBAND OR WIFE AUGUSTA SECKEL KRAMER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW # 1		16. SOCIAL SECURITY NO. 492 07 6494	17. INFORMANT Address AUGUSTA KRAMER 436 KINGSTON, LEMAY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Liver</i> DUE TO (b) <i>156.1</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year	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 Jan 25, 59, to Nov. 6, 59 and last saw him alive on Nov. 6, 59 Death occurred at 3:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ray C. Hopper M.D.</i> (Degree or title)		22b. ADDRESS 7702 Irving Ln	22c. DATE SIGNED 11/8/59
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) JEFFERSON BARRACKS, MO. (State)
24. FUNERAL DIRECTOR ADDRESS C. HOFFMEISTER MORTUARIES 7814 SO. BROADWAY ST. LOUIS, MO.		25. DATE RECD. BY LOCAL REG. NOV 9 1959	26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John S. Dennehy
Licensed Embalmer No. 4194
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.