URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009302

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 ~~500~~ Registrar's No. 636

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ladue — Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 42 Clermont Lane — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ladue — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 42 Clermont Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Herman Middle: Henry Last: Kramer, Jr.

4. DATE OF DEATH Month, Day, Year: February 24, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-31-80
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Olivette, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Kramer
13b. MOTHER'S MAIDEN NAME: Mary Caesar
14. NAME OF HUSBAND OR WIFE: Rose Kramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-22-1558
17. INFORMANT: Rose Kramer, 42 Clermont Lane

MEDICAL CERTIFICATION

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)	Cerebral thrombosis ≈ left hemiplegia	9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	10 yrs.
DUE TO (c)	Arteriosclerosis general	25 yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ 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 Dec 21, 1954, to Feb. 24, 1960 and last saw him alive on Feb. 23, 1960.
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C H Bockelman (Degree or title) M.D.
22b. ADDRESS 2615 Brentwood Blvd
22c. DATE SIGNED 2/25/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2-27-1960
23c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Creve Coeur, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG.: 2-26-60
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ENDED

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gill

Signature of Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Laurel a

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