

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33931

1. PLACE OF DEATH

County Osage Registration District No. 642
Township Washington Primary Registration District No. 4386
City Westphalia Mo St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

August Kraemer
(a) Residence, No. Westphalia Mo St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Kraemer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb/25/1893
7. AGE YEARS 40 MONTHS 8 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Restaurant keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Restaurant
10. Date deceased last worked at this occupation (month and year) Aug 14 1933 11. Total time (years) spent in this occupation 2 years

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1933, to 10/28, 1933
I last saw him alive on Oct. 27, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Brain Tumor + Hemiplegia Date of onset 9/3/1933
Status Epilepticus 85 Date of onset 9/3/1933
Other contributory causes of importance: 870

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo
13. NAME Frank Kraemer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krauel am Rhein
15. MAIDEN NAME Christina Jaun
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo
17. INFORMANT Theresa Kraemer (ADDRESS) Westphalia Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Westphalia Mo DATE Oct 30, 1933
19. UNDERTAKER John Horstmann + Neighbors of deceased (ADDRESS) _____
20. FILED Oct 29 1933 Mary L. Plaz Registrar.

Name of operation None Date of _____
What test confirmed diagnosis? Blow com Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Conrad S. Verhoff, M. D.
(Address) Westphalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION may be important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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