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 is very important.

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

32398
Do not use this space.

OCT 14 1937

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8452

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Cramer Sr.
(a) Residence, No. 2801 Meramec St. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1854.

7. AGE: Years 83 Months 3 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Amusement Park
10. Date deceased last worked at this occupation (month and year) Retired 20 yrs.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
13. NAME Frederick Cramer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT Henry Cramer Jr.
(ADDRESS) 2801 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter & Paul Cem. DATE Sep. 10, 1937.

19. FUNERAL DIRECTOR J. H. Gebken Sr & Co
(ADDRESS) 2842 Meramec St.

20. FILED SEP 8 1937 J. L. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:05 P.M.
The principal cause of death and related causes of importance were as follows:
Traumatic Hemorrhage of the Brain Fractured ribs and lacerated lungs, as a result of colliding with and being run over by an International truck being driven by one August Rolfes, and a Studebaker Sedan being driven by one Otto Lapert, at the intersection of Broadway and Montana on the S.E. corner Sept 6 1937 about 8:50 o'clock P.M. Accident.
Date of Onset
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/6, 19 37
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place.
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Alfred G. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

----- L. E. --------

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)