CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

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

Do not use this space.
5097

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1742

City St. Louis, Mo. (No. 5038, Arlington St. ..... Ward)

2. FULL NAME Ramer H. Kramer 656

(a) Residence, No. 5038 Arlington St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: Florence Kramer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20 1876

7. AGE: YEARS 61 | MONTHS 7 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

FATHER

13. NAME: Ramer F. Kramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Lena Friezmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Florence Kramer 5038 Arlington, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: Feb. 21, 1938

19. UNDERTAKER (ADDRESS): Drehmann-Hanal 1905 Union Blvd, St. Louis, Mo

20. FILED FEB 18 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Feb. 18, 1938

I last saw him alive on Feb. 17, 1938. Death is said to have occurred on the date stated above, at 3:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
appoplexy	Feb. 15, 1938
Other contributory causes of importance: arterio-sclerosis	Don't know

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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) Roland R. Menown, M. D.

(Address) 5330 Geraldine

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

Signed Warren A Carver

Licensed No 3534