

V 9 - 1938

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

40350

Do not use this space.

## 1. PLACE OF DEATH

(a) County ST. LOUIS 2 Registration District No. 784  
(b) Township NORMANDY 1 Primary Registration District No. 200  
(c) City PINE LAWN (d) Street No. 6115 LITHIA AVE Registered No. 1817  
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth 61 yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 6115 LITHIA AVE St.  (If nonresident, give city or town and State)  
Usual place of abode, if no street address, write county or city

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR WIFE OF) HERMAN CRAMER  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 6 - 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 7 1  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 1 Total time (years) spent in this occupation

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

13. NAME THEODORE FEDDICK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Sydney Cramer  
(ADDRESS) 4518 Ravenswood

18. (BURIAL) CREMATION, OR REMOVAL LAWRENCE HILL CEM. DATE NOV 10 1938

19. FUNERAL DIRECTOR L. B. Tanner  
(ADDRESS) 6107 Natural Bridge Road

20. FILED NOV 9 - 1938 W. Meyer Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 7 - 1938

22. I HEREBY CERTIFY that I attended deceased from NOV 3 - 1938 to NOV 7 1938

I last saw her alive on NOV 7 1938 Death is said to have occurred on the date stated above, at 7:50 m.

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

Cerebral Thrombosis Date of onset Nov 3, 38

Other contributory causes of importance: Cerebral Atherosclerosis ??

Name of operation Clinical Date of NO

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? \_\_\_\_\_

If so, specify Yes, Gross Stretcher M. D.

(Signed) W. Meyer (Address) 3601 Center St. (St. Louis)

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.

52B-

STATEMENT BY LICENSED EMBALMER

I, L B Tanner, Licensed Embalmer No. 2922

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

I. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed L B Tanner

Licensed Embalmer No. 2922

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

40350  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St Louis Registration District No. 784  
 (b) Township..... Primary Registration District No. 200 Registered No. 1817  
 (c) City Pine Lawn (d) Street No. .... 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>70</u>	<u>7</u>	<u>1</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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)

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

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

17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE '19  
 19. FUNERAL DIRECTOR (ADDRESS)  
 20. FILED '19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis Date of onset  
11/3  
 Other contributory causes of importance:  
Cerebral sclerosis  
Cerebral arterio sclerosis

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

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?.....  
 If so, specify.....  
 (Signed) Das a Grosskopf, M. D.  
 (Address) 3601 Center St. St. Louis

SUPPLEMENTARY

Local Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

