

REC'D FEB 10 1939

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

255

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 2100a Destrehan Street
(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

(a) Residence, No. 650 CHARLES SCHRAMM,
2100a Destrehan Street St. 26
(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*) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Schramm (Kohl)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
70 6 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fuel Tester
9. Industry or business in which work was done, as saw mill, bank, etc. U S Government
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) St. Louis Mo.
13. NAME Gerhardt Schramm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Elizabeth Schramm
(ADDRESS) 2100a Destrehan Street
18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Jan. 10, 1939
19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue
20. FILED JAN 8 1939 J. P. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1939

22. I HEREBY CERTIFY That I attended deceased from

Dec. 31, 1938 to Jan 6, 1939I last saw him alive on Jan 6, 1939 Death is saidto have occurred on the date stated above, at 4:50 P. M.

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

Bronchial Asthma
Cardio Vascular Renal disease
Hypertension

Date of onset

193519371937

Other contributory causes of importance:

SenilityName of operation None Date ofWhat test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) O. G. Lufkin M. D.(Address) 4218 N. Grand Blvd

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2/110

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 William G. Buchholz
Licensed Embalmer No. 2/110

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.)