

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 weeks
(Specify whether In this community Birth years, months or days)

3. (a) PRINT FULL NAME Marie L. Kramer 656

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry B. Kramer

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 8, 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>9</u>	<u>19</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business 74

12. Name Herman Bremehr

13. Birthplace ? France
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Jasper

15. Birthplace ? France
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Harry B. Kramer

(b) Address 1116a Newhouse Ave

17. (a) Burial (b) Date thereof 7/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 28 1940 (b) J. F. Buehler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 26
(If outside city or town limits write "RURAL")

(d) Street No. 1116a Newhouse Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1940 hour 9:10 AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 8
1940, to June 27, 1940,
that I last saw her alive on June 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Intestinal Obstruction
Cervix Primary

Due to _____

Other conditions Left Pneumonia from
pleuritic Pressure

Major findings: Left Pneumonia
Inoperable Ca. of arteria glau

Of autopsy Same

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Buehler (M. D. or other) _____

Address 634 N. Grand Date signed June 28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Thomas Hampton

Licensed Embalmer No.

2967

P. O. Address.....

H. Davis, Ill.

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.)

If this body is not embalmed, above space should be left blank.