No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29565

Registration District No. 514 SEP 5 1940

Primary Registration District No. 101

Registrar's No. 1547

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Webster Groves (If outside city or town limits, write "RURAL")

(d) Street No. 313 Eldridge (If rural, give location)

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

3. (a) PRINT FULL NAME Ray Kramer 156

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Adeline

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

7. Birth date of deceased Feb. (Month) 2 (Day) 1902 (Year)

8. AGE: Years 38 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Cloquet, Wis (City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business MO. STATE HIGHWAY —

FATHER
12. Name Victor Kramer
13. Birthplace Wis (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Roach
15. Birthplace Wis. (City, town, or county) (State or foreign country)

16. (a) Informant wife Adeline Kramer

(b) Address 313 Eldridge, Webster Groves

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8/15/40 (Month) (Day) (Year)

(c) Place: burial or cremation PRARIE DU CHEIN, WIS.

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 MANCHESTER AV.

19. (a) AUG 14 1940 (Date received local registrar) (b) R. Meyer M.D. Dir. A.K. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th year 1940 hour 2 P.M. minute M.

21. I hereby certify that I attended the deceased from 8/5/40, 19, to 8/13/40, 19; that I last saw him alive on 8/13/40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple pulmonary abscesses	few days
Due to Staphylococcus aureus (non hemolytic) septicemia	"
Due to Cellulitis of left arm arising from an infected hair follicle (history of picking open a furuncle)	one week
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1948
Of autopsy 19

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. Dzitz (M. D. or other) 1

Address St Louis County Hosp Date signed 8/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.