

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Altenheim
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Year
life time (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Anna Cramer

3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if

7. Birth date of deceased. Oct. 10 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 17
If less than one day, hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Edward Schroeter
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Laura Niedner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Holzinger
(b) Address 3619 Iowa

17. (a) Burial (b) Date thereof Jan. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Bradenwider General Home Inc

(b) Address 1936 N. Louis Ave

19. (a) JAN 29 1941 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis 817
(If outside city or town limits, write "RURAL")
(d) Street No. 8721 Halls Ferry Rd. 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 6 minute 05 P. M.

21. I hereby certify that I attended the deceased from Nov. 28. 40
19, to Jan. 27, 1941;
that I last saw her alive on Jan, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic undulant fever

Due to General arteriosclerosis

Due to.....
Other conditions (Include pregnancy within 3 months of death) 0

Major findings: Of operations.....
Of autopsy.....

Duration

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 Hercein (M. D. or other) M. D.
Address 5074 N. Union Date signed 1-28-41

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

Dr. Harry Klein
5074 Harrison
9-17 Lady
Jan 1030

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

Harold K. Braun

Registered Apprentice No. *257*

working under my personal supervision.

Signed

Delia J. Krupin

Licensed Embalmer No. *3497*

P. O. Address *1926 N. Lewis*

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, fact should be so stated above.