

FILED JUN 10 1942 791-1

Registration District No. Primary Registration District No. 1003

Registrar's No. 0754

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

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17
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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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3464a Montana Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Thomas R. Cramer

3. (b) If veteran, name war. None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine Cramer

7. Birth date of deceased Feb. 3rd 1881

8. AGE: Years Months Days If less than one day

61 3 26 hr. min.

9. Birthplace Mo.

10. Usual occupation Auto Mechanic

11. Industry or business Heil Packing Co.

12. Name Daniel Cramer

13. Birthplace Unknown

14. Maiden name Samantha Burnside

15. Birthplace Unknown

16. (a) Informant Catherine Cramer

(b) Address 3464a Montana Ave.

17. (a) Burial (b) Date thereof 6-1-42

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 31 1942 (b) J. P. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1942 hour 7:15 minute P. M.

21. I hereby certify that attended the deceased from May 1st 1942 to May 29 1942
that I last saw him alive on May 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of head of Pancreas

Due to.....
Due to.....

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

Major findings: metastases to [unclear]

Of operations.....
Of autopsy ca. of head of Pancreas

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 Walter H. Jones (M. D. or other).....

Address 3400 [unclear] Date signed 5/29/42

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 7 1942

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 *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.