

FILED JUN 22 1942 791

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township.)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 Days**  
In this community **about 42 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2800a St. Louis Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Otto Kramer**

3. (b) If veteran, name war..... **no** 3. (c) Social Security No. **N490-14-8783**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Emma Kramer** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **Dec. 15, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**62** **5** **27** hr. min.

9. Birthplace **unknown Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Furniture packer**

11. Industry or business.....

MOTHER FATHER { 12. Name **Conrad Kramer**  
13. Birthplace **unknown unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unknown**  
15. Birthplace **unknown unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Kramer**  
(b) Address **2800a St. Louis Ave**

17. (a) **burial** (b) Date thereof **6-15-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's**  
18. (a) Signature of funeral director **Goodhart + Goodhart**

(b) Address **2228 St. Louis Ave**

19. (a) **JUN 14 1942** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12,** year **1942** hour **4:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 15,** 19**42,** to **June 12,** 19**42**  
that I last saw him alive on **June 12,** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**  
**hypertension**  
Due to.....  
Due to.....

Other conditions **interferometer**  
(Include pregnancy within 3 months of death)  
**Heart Disease**

Major findings:  
Of operations.....  
Of autopsy.....  
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. Brudick** (M. D. or other) **0**  
Address **1515 Lafayette Avenue** Date signed **6/12/42**

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

20  
17  
9

**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.....

*Charles J. Goodhue*

Licensed Embalmer No. *2777*

P. O. Address *Home Mr*

**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.**