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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23186

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 6822

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos 24das. (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/6
(If outside city or town limits, write "RURAL")

(d) Street No. 3411 Halliday Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JULIUS KRAMER

3. (b) If veteran, name war —

3. (c) Social Security No. 498-16-1393

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pauline

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

7. Birth date of deceased September (Month) 18 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	9	hr. min.

9. Birthplace DuQuoin (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

FATHER
12. Name Julius Kramer
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Meta Balzar
15. Birthplace St. Charles (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Thelma A. Ingler
(b) Address 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Fentz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from May 3, 1943, to July 27, 1943 that I last saw him alive on July 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Thrombosis	2 das.
Due to Cellulitis of right leg with Thrombophlebitis	2 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

100

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 0

23. Signature L. Mihelich (M. D. or other) M.D

Address 5400 Arsenal Date signed 7-27-43

(Licensed Embalmer's Statement on Reverse Side) L. Mihelich

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.....Albert Manfield

Licensed Embalmer No. B077

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.