

AUG 18 1943

318

State File No.

7184

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis Childrens Hospital
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 6805 West Park Ave.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Schramke

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased Aug. 4, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

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

10. Usual occupation None

11. Industry or business
12. Name Raymond Schramke

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

14. Maiden name Margaret Lawler
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Schramke
(b) Address 6805 West Park Ave.

17. (a) Burial (b) Date thereof 8/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 10 1943 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1943 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from 8-6-43
_____, 19____, to 8-8, 1943;
that I last saw him alive on 8-8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Subtotal Abortion Duration 4 days

Due to Ulcer of Small intestine 4"

Due to _____

Other conditions (Include pregnancy within 3 months of death) 15/7/43

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) (a) Means of injury _____

23. Signature Russell J. Bl. Huen (M. D. or other) _____
Address 500 So. Kings Highway Date signed _____

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

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 *Frank H. Street*.....

Licensed Embalmer No. 2245.....

P. O. Address 46th St. Bridge Ave.....

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.