S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36569

FILED DEC 9 1943

Registration District No. 3918 Primary Registration District No. 1003 Registrar's No. 10452

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: Lutheran 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

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County 009 17

(c) City or town St. Louis 9 16 (If outside city or town limits, write "RURAL")

(d) Street No. 3874a Juniata St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Anna Krampfert

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Charles Krampfert

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

7. Birth date of deceased Aug. (Month) 7th (Day) 1856 (Year)

8. AGE: Years 87 Months 3 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Casper Schmelter

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Charles E. Krampfert

(b) Address 3874a Juniata St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kniegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) Date received by registrar NOV 30 (b) J. F. Bausch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1943 hour 6 minute P.M. M.

21. I hereby certify that I attended the deceased from 11/1/43, 19..., to 11/28, 1943 that I last saw her alive on 11/29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal toxemia 6 hrs. Duration

Due to Rectal tumor 4 yrs

Due to No operation nor autopsy yet for stated, the tumor indicated

Other conditions (Include pregnancy within 3 months of death) healing nicely

Major findings: Of operations None

Of autopsy None

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

23. Signature Geo. O. Greb (M. D. or other)

Address 3102 South Broadway Date signed 11/29/43

(Licensed Embalmer's Statement on Reverse Side)

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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 Edwin D. McDermott

Licensed Embalmer No.....

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.