

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. # 5

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town RURAL Rock Hill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NEAR IMPERIAL Mo 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 8 YEARS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
 (c) City or town NEAR IMPERIAL Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MAX. A. KRAMER

3. (b) If veteran, name war _____ 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife MARY KRAMER 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MAY 12, 1873
 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace SULLIVAN Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name ALBERT KRAMER

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

14. Maiden name MARIE KAUFER

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

16. (a) Informant MRS. MARY KRAMER
 (b) Address KIMMSWICK Mo

17. (a) BURIAL (b) Date thereof OCT. 31 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. TRINITY Cem. LEMAY Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL Home

(b) Address KIMMSWICK Mo.

19. (a) OCT 30 (b) Phil G. Turk
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 28
 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 4-1-44
 _____, 19____, to 10-28-45, 1945

that I last saw him alive on 10/28-45, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Heich MP (M, D, or other) _____

Address Kimmswick Mo 1929/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

50
0
0

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed - 11-2-45

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 Elmer H. Heiligtag

Licensed Embalmer No. 3571

P. O. Address: Kimmswick, MO

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.