No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3354

State File No. 2

Registration District No. 3/2

Primary Registration District No. 3068

Registrar's No. 35

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Maplewood, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2612 Arthur Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 2
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2612 Arthur Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Katherine Mary Cramer
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August H. Cramer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August (Month) 4 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	1	..... hr. ..... min.

9. Birthplace Quincey, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife
11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant August G. Cramer
(b) Address 2612 Arthur Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 1-6-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature) MJ

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1- day 5
year 1948 hour 4:00 minute 45 M.

21. I hereby certify that I attended the deceased from Aug 19, 1947 to Jan 5, 1947 that I last saw her alive on Dec. 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	11 days
Due to 83 a	
Due to	
Other conditions General Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 .....
Signature Foster A. Dill (M. D. or other) MD
Address 7346 A Manchester Maplewood Mo. Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.