

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3617

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 84

96
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Godfrey	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration			

3. NAME OF DECEASED (Type or Print) John		a. (First) C.		c. (Last) SCHRAMM		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/21/1877	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 0		IF UNDER 2 HRS. Days 19		IF UNDER 2 HRS. Hours 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Auto mechanic)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Romeo, Michigan	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Carl Schramm		13b. MOTHER'S MAIDEN NAME Otilda Kerner		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes P.I.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar		ADDRESS VA Hospital Jeff. Bks. Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS, LEFT		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. 83 b.				Unknown	
DUE TO (b) _____		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION		732					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 5, 1949**, to **Jan. 10, 1949**, that I last saw the deceased alive on **Jan. 10, 1949** and that death occurred at **1:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell, M.D.		Chief of (Degree or title) Professional Services		23b. ADDRESS Jeff. Bks. Mo.		23c. DATE SIGNED 1/11/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-10-1949		24c. NAME OF CEMETERY OR CREMATORY Alton		24d. LOCATION (City, town, or county) (State) Illinois	
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DATE REC'D BY LOCAL REG. 1-14-48		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Gent Fu. Home		ADDRESS Alton, Ill.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Jan M. Sizemore
4343
St Louis 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.