

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21647**  
**5386**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>0-00</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6219 Arthur Ave.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>17</b>	
		d. STREET ADDRESS (If rural, give location) <b>4229 N. Euclid Ave.</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elmer</b> b. (Middle) <b>A.</b> c. (Last) <b>Schrameyer</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 7, 1916</b>
9. AGE (In years last birthday) <b>33</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b> <b>0</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Schrameyer</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Vogt</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Jean Schrameyer</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-05-7355</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Jean Schrameyer</b>		ADDRESS <b>4229 N. Euclid</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>23 yrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumaban from 10<sup>th</sup> to 17<sup>th</sup> yrs</b> <b>23 yrs</b> DUE TO (c) <b>Cause unknown</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis</b> <b>Mo</b>	
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? <b>9:50</b>	
22. I hereby certify that I attended the deceased from <b>June 11, 1949</b> , to <b>June 20, 1949</b> , that I last saw the deceased alive on <b>June 11, 1949</b> , and that death occurred at <b>4:45 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <b>Reummet-Kane</b>		23b. ADDRESS <b>1167 N. Grand</b>	
23c. DATE SIGNED <b>June 24/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-23-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>JUN 22 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Paster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harold G. Burnley*

Licensed Embalmer No. *4202*

P. O. Address *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.