

FILED NOV 17 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38375

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9487

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (in this place) 11 yrs		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4073 Alma		d. STREET ADDRESS (If rural, give location) 4073 Alma	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Bernard	b. (Middle) E.	c. (Last) Cramer	Nov. 6, 1950		

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 10, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hagerstown Md.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Cramer	13b. MOTHER'S MAIDEN NAME Jacobs	14. NAME OF HUSBAND OR WIFE Laura L Cramer
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Laura L Cramer	ADDRESS 4073 Alma
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis & chronic nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9/1/50</i> <i>11/7/50</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>HIT BY CAR</i>
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22. I hereby certify that I attended the deceased from 10-19-1950 to 11/6/50, that I last saw the deceased alive on 11/5/50, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE <i>Albert J. Ziegenhein</i>	23b. ADDRESS 3100 S. Grand Blvd.	23c. DATE SIGNED 11/9/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/9/50	24c. NAME OF CEMETERY OR CREMATORY N St Marcue Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
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DATE REC'D BY LOCAL NOV 8 1950	REGISTRAR'S SIGNATURE <i>J B ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	ADDRESS 7027 Gravois
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(Licensed Embalmer's Statement on Reverse Side)

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

W. G. Peterson
1911

W. G.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *W. G. Peterson*

Signed
Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *To 27 Gravel*

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.