

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22246**
REGISTRAR'S No. **4682**

FILED JUN 21 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	c. LENGTH OF STAY (In this place) 30 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OVERLAND 423X	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		d. STREET ADDRESS (If rural, give location) 2820 WISNER 1	

3. NAME OF DECEASED (Type or Print), a. (First) ANNA b. (Middle) B c. (Last) KRAMP	4. DATE OF DEATH 5--19--52					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEP 20 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 SEES
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) GLENN ALLEN MO		12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME ANTON KLEIN	13b. MOTHER'S MAIDEN NAME MATHILDA FRANK	14. NAME OF HUSBAND OR WIFE CHARLES F KRAMP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS CHARLES F KRAMP 2870 WISNER

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 MIN.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cardiac decompensation		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Aortic mitral insufficiency		10 years
	Right renal infarction		2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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? 4210

22. I hereby certify that I attended the deceased from **April 3, 1952** to **May 19, 1952** that I last saw the deceased alive on **May 18, 1952**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE William J. Jansen, MD.	(Degree or title)	23b. ADDRESS 3720 Washington Blvd	23c. DATE SIGNED May 29 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-22-52	24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES PARK	24d. LOCATION (City, town, or county) (State) WELLSSTON MISSOURI
DATE REC'D BY LOCAL REG. MAY 21 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS EARL HILLEMANN OVERLAND MO.	

m 9 B (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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
Student Embalmer

Student Embalmer No.
Signed *Carl L. Hillman*

Licensed Embalmer No. *3501*

P. O. Address *Overland 14 0000*

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.