

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. St. Louis Primary Registration District No. 003 Registered No. 346099989
 City St. Louis No. 2610 Tennessee Way St. Ward)

2. FULL NAME Laura M. Remy
 (a) Residence. No. 2610 Tennessee St. 17 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Fredrick H. Remy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housework
 (b) General nature of industry, business, or establishment in which employed (or employer). Retired
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Carl Fischer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Katherine Weller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Laura M. Remy
 (Address) 2610 Tennessee

15. FILED NOV 20 1930 Man 6 Stark
 REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1923, to Oct 1930, and that I last saw her alive on Oct 1930 and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82A
an Sudden (duration) yrs. mos. ds.
CONTRIBUTOR (SECONDARY) Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Germany

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Dr. J. J. Loman M. D.

Oct 20 1930 (Address) 390 Cleveland

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles B. Park **DATE OF BURIAL** Oct 23 1930

20. UNDERTAKER Hauke & Schmitt **ADDRESS** 3732 S. Grand

Exact statement of OCCUPATION is very important.

... so that it may be properly classified.

