

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

Do not use this space.

3063

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033
City Clayton (No. 7807 Walinec Terrace)

File No.
Registered No.
St. Ward

2. FULL NAME

Wm Remmert

(a) Residence, No. 7807 Walinec Terrace St., Ward. Clayton 200
(Usual place of abode) (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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olivia K. Remmert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-21-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Olivia K. Remmert
7807 Walinec Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Jan 10, 1933

19. UNDERTAKER (ADDRESS) Louis H. Bopp
Kirkwood Mo.

20. FILED Jan. 9, 1933 R. W. Sullivan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1933

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at about 7:30 m.

The principal cause of death and related causes of importance were as follows:

Gunshot
Monoxide gas poisoning
1780
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 7, 1933

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) J. B. Sturson, M. D.
(Address) 3718 Jennings Rd
1/9/33

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE MUST BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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R. W. Sullivan

