

**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**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** Mo. (No. **3409** **Henrietta** St. Ward)

File No. **21949**  
 Registered No. **5812**

**2. FULL NAME Ernest H. Cremer**

(a) Residence, No. **3409 Henrietta** St. **17** Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **55** yrs. **3** mos. **25** ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marie Giesecking Cremer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 5, 1878**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**55 3 25**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Grocery**  
 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) **1928** 11. Total time (years) spent in this occupation **25** yrs.

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Andrew Cremer**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Marie Milenvag**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Arthur Cremer** (ADDRESS) **3409 Henrietta**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cemetery** DATE **July 3,** 19**33**

19. UNDERTAKER **Beiderwiden Funeral Home, Inc.** (ADDRESS) **1936 St. Louis Ave.**

20. FILED **1-3 1344** **J. A. Bredes** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30,** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **May 3** 19**33**, to **June 30** 19**33**.  
 I last saw him alive on **June 29** 19**33**. Death is said to have occurred on the date stated above, at **4:00 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic Nephritis  
 Corneo-Sclerosis**  
**97**

Other contributory causes of importance: **131**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury..... 19.....  
 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? **no**  
 If so, specify.....  
 (Signed) **Ernest Mueller** M. D.  
 (Address) **3548 Arsenal St.**

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

N. B.—Every item of information should be carefully supplied. AGE should 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.

165

10

10

3300

12/12/00

12/12/00

12/12/00

12/12/00

12/12/00

12/12/00

12/12/00