

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township Central

Primary Registration District No. 4470

City University City

(No. 7745 Olive St Rd)

File No. 22773

Registered No. 69

St. _____ Ward)

2. FULL NAME David Long Remley Sr

(a) Residence, No. 7745 Olive St Rd St. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Elizabeth Remley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 4

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

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) Hagerstown Md

13. NAME Jas F Remley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newcastle Pa

15. MAIDEN NAME Ella Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Pa

17. INFORMANT Mrs O E Remley (ADDRESS) 7745 Olive St Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 7-2-34

19. UNDERTAKER ouis HBopp (ADDRESS) Hickwood Mo

20. FILED July 2 1934 Gene V. Moller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY that I attended deceased from September 1934 to June 30 1934

I last saw h. or alive on June 30 1934 Death is said to have occurred on the date stated above, at 335 Pm

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

Arterio-sclerosis - General 1928
ABC
Myocarditis chronic

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera Where 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? Yes
If so, specify Hereditary

(Signed) John R. Sauerberg M.D.
(Address) 1156 North 7 South Rd

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.

Jul 21 1934

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