

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

Do not use this space.

AUG 9 1935

24669

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City St. Louis (No. 3713 No 9th) St. Ward
 Registered No. **6081**

2. FULL NAME

Herman Kremoeller
 (a) Residence, No. 3713 N. 9th St., 26 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth: 58 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Wilhelmine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 25

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

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

10. Date deceased last worked at this occupation (month and year) May 1935 11. Total time (years) spent in this occupation 39 years

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) Mrs. C. C. Bazin 3713 N 9th St - St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton Ill DATE July 18 1935

19. UNDERTAKER (ADDRESS) Wm. Stambaugh Stanton Ill

20. FILED JUL 16 1935 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1935

22. I HEREBY CERTIFY, that I attended deceased from June 25 1935 to July 16 1935. I last saw h. alive on July 16 1935 Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:
Uremia
Ch. hepatitis
131
 Other contributory causes of importance:
Small atherosclerosis

Date of onset 4 days

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

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?
 If so, specify Uremia
 (Signed) Victor Swellock M. D.
 (Address) 222 University St

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.

16
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53

THE UNIVERSITY OF CHICAGO
PHYSICS DEPARTMENT

RESEARCH REPORT
NO. 1000
1960

BY
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AND
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DEPARTMENT OF PHYSICS
UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS

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