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.

NOV 9 1935

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

Do not use this space.

34601

File No.

Registered No. 9045

791

1003

1. PLACE OF DEATH

County

Township

City St Louis. Mo (No. City Hospital #1 St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Harry O. Remmert. Jr.

(a) Residence, No. 4002 Cottage Ave St., 11 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE ~~Widowed~~	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF~~ Late Katherine Remmert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30th 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	28	6	26	

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME HARRY F. REMMERT

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME Marie Hoeddinghaus

16. BIRTHPLACE (CITY OR TOWN) St. Louis. Mo (STATE OR COUNTRY)

17. INFORMANT Harry Remmert (ADDRESS) 3615 Sumata Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 10/30/35 19

19. UNDERTAKER Henry Liedner Und Co. (ADDRESS) 1417 N. Market St.

20. FILED OCT 29 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26th 1935

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 p.m.

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

	Date of onset
Traumatic Fracture of Skull	
Laceration of Brain, Ruptured Lung, Fracture Femur, Fracture of Ribs, received when struck by auto and thrown into path and over	

Other contributory causes of importance:

over by another auto in St. Louis, Mo. Deceased was a pedestrian.

Signed Coroner Sandmann M.D.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/26, 1935

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by one auto, ran over by another auto

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J F Liedner, M.D.

(Address) Deputy Coroner

10/28/35