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.

APR 11 1936

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

Do not use this space.

8608

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City S N Louis (No. Desloge Hospital St. ..... Ward)

File No. 2316

Registered No. .....

2. FULL NAME Eugene J Remmert

(a) Residence, No. ..... St., N R Ward. Hobart Okla.
(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie Remmert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30-1882

7. AGE: YEARS 53 | MONTHS 6 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Belleville Ill.

FATHER

13. NAME: Julius Remmert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann Mo

MOTHER

15. MAIDEN NAME: Anna Riedeger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermann Mo.

17. INFORMANT (ADDRESS): Jessie Remmert Hobart Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hobart Okla DATE 3-2, 1936

19. UNDERTAKER (ADDRESS): Kraeger-Voss + Fix. 3401 Kingshighway Blvd

20. FILED MAR 2 1936, 19 J P Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1936, to 2/29, 1936

I last saw h. ~~was~~ alive on 2/29/36, 19..... Death is said to have occurred on the date stated above, at 1 45a m.

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

Tumor of Brain - Rathe pouch tumor or Pituitary tumor. Non Malignant Tumors Tumor Rt. cerebellar - pontine angle - Primary seat of tumors unknown.

Other contributory causes of importance:

Bronchs - pneumonia
Tumor of Kidney - probably hypernephroma

Date of onset

Name of operation Craniotomy Date of 2/25/36

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? ..... 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 .....

(Signed) A. C. Forster, M. D.

(Address) Firmin Desloge Hosp.