DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24191

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6464

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2638 Shenandoah Av.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2638 Shenandoah Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles E. Grempler 651

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Augusta Grempler

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec (Month) 15 (Day) 1860 (Year)

8. AGE: Years 78 Months 7 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Poultry Dealer

11. Industry or business

FATHER
12. Name — Grempler 5
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Marye Siebert 6
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Augusta Grempler

(b) Address 2638 Shenandoah Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-39 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director Witt Bros. K & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) JUL 24 1939 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1939 hour 7 15 pm minute M.

21. I hereby certify that I attended the deceased from July 1, 1937, to July 21, 1939 that I last saw him alive on July 20 1939 7 15 pm and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to Mitral Regurgitation	2 yrs
Due to	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. H. M. Kinner (M. D. or other)

Address 3014 S. Jefferson Date signed July 22 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Shanklin, Registered Apprentice No. ..... working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 2929 S. Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.