No. 211
11-10-39
5-17-39
1-X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23644

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6089

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSP. #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DYS. (Specify whether years, months or days)

In this community WIFE

3. (a) PRINT FULL NAME LOUISE REMMERT

3. (b) If veteran, name war —

3. (c) Social Security No. 489-07-8486

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased MARCH (Month) 31ST. (Day) 1886 (Year)

8. AGE: Years 54 | Months 3 | Days 19 | If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO. O (State or foreign country)

10. Usual occupation PAPER BOX MAKER

11. Industry or business OWENS BOX.CO.

FATHER
12. Name GEORGE REMMERT
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE SCHERTEN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Louise A. Remmert
(b) Address 1442a Hogan St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22ND/40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brookland Bud Co
(b) Address 1827 HOGAN STR.

19. (a) JUL 20 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits write "RURAL") 20

(d) Street No. 2514 HOWARD STR (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19TH year 1940 hour 9 minute 38 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Amulyte Dyspnea Early body Suffered with decent Clothing Decent Tangles on pillow Gh turning paper which fell from stove set fire room. Due to 3514 Howard St. July 10 1940 about 7.32 P.M.

Other conditions (Include pregnancy within 3 months of death) No damage to property or

Major findings Of operations

Of autopsy

Duration 18 hrs 15

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) Accident.
(b) Date of occurrence July 20 1940
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? 20 (Specify type of place) (e) Means of injury Fire

23. Signature Alfred Gerry (M. D. or other)
Address Dispensary Corner Date signed 7/20/40

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address _____

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

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