

Registration District No. 780 Primary Registration District No. 4466

1. PLACE OF DEATH:
(a) County Ste Genevieve
(b) City or town Ste Genevieve
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days) 10/15
3. (a) PRINT FULL NAME EDGAR H GREMNINGER
3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, or widowed
6. (b) Name of husband or wife Christine Baker 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased April 14 1896
(Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Zell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Chris Gremminger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Cecelia Gass
15. Birthplace Zell Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature
(b) Address Mrs Christine Gremminger

17. (a) Burial Ste Genevieve Mo (b) Date thereof 9-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve Mo

18. (a) Signature of funeral director Geo C. Baker
(b) Address Ste Genevieve Mo

19. (a) Sept 3/40 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ste Genevieve
(c) City or town Ste Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 1st
year 1940 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 22nd 1937, to September 1st 1940; that I last saw him alive on Sept. 1st 1940; and that death occurred on the date and hour stated above.

Immediate cause of death was hemorrhage of lung Duration _____

Due to Tubercular infection of lungs
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? 706
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. J. Lauer (M.D. or other) J.C.
Address Ste Genevieve, Missouri Date signed 9-3-40

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.

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.....

Leo C. Basher....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo C. Basher.....

Licensed Embalmer No. 1985.....

P. O. Address St. Lawrence Dr......

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.