

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3459 Potomac St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **2 months 23 days** years, months or days)

3. (a) PRINT FULL NAME **Leonard Paul Dremel**

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 **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **September 23, 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- 2 23 hr. min.

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

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Joseph Dremel**

13. Birthplace **Ely Minnesota**
(City, town, or county) (State or foreign country)

14. Maiden name **Edith Pfeiffer**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Dremel**

(b) Address **3459 Potomac St.**

17. (a) **Burial** (b) Date thereof **12/17/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Wacker-Walders**

(b) Address **2331 S. Broadway**

19. (a) **DEC 16 1940** (b) **J. H. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3459 Potomac**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **15**
year **1940** hour **7** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **Dec. 14 - 1940**
_____, 19____, to **Dec. 15**, 19____
that I last saw him alive on **Dec. 15**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Broncho-pneumonia **18 hrs**

Due to _____

107a

Due to _____

Other conditions **Acute myocardial infarction**
(Include pregnancy within 3 months of death)

Major findings: **following broncho-pneumonia**

Of operations **no definite heart disease**

Of autopsy _____

Duration

18 hrs

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? _____

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

23. Signature **Dr. Leo P. Jung** (M. D. or other) _____

Address **2621 S. Jefferson** Date signed **12/16/40**

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

MOTHER FATHER

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..... *Robert Wheeler*

Licensed Embalmer No..... *2128*

P. O. Address..... *St Louis Mo*

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, fact should be so stated above.