

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32474

FILED OCT 7 1941

Registration District No. 78

Primary Registration District No. 101

Registrar's No. 1932

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 1255 North & South Rd.
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Jacob Kremer

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1941 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 9-11-41
19... to 9-15-41 19...
that I last saw him alive on 9-15-41
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Kloepman

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

7. Birth date of deceased Jan. 25 1870
(Month) (Day) (Year)

Immediate cause of death Cardiac decompensation Duration 3-4 hrs.

Due to hypertensive C-V renal dis. Underlying

Due to _____

8. AGE: Years Months Days If less than one day

71 7 21 hr. min.

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

Major findings: 131B

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business O.A.A.

12. Name Jacob Kremer

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schaub

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Kremer Jr.

(b) Address 17801 Crosby Rd. N.C. Mo

17. (a) Burial (b) Date thereof 9-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Burman Brothers

(b) Address 17801 Crosby Rd. N.C. Mo

19. (a) SEP 17 1941 (b) C. J. Mc Karon
(Date received local registrar) (Registrar's signature)

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 Paul B. ... (M. D. or other) _____

Address ... Date signed _____

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... *Earl H. Hillman*

Licensed Embalmer No. *3507*

P. O. Address... *Overland Park*

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.