

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **784**

Primary Registration District No. **101**

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

91
2
3

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 21 hrs. 8 min.
(Specify whether life years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 50 N. Florissant Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Remmert

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Dora Remmert 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased July 15 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name Henry Remmert

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

14. Maiden name Mary Stroacker

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

16. (a) Informant Roy W. Remmert

(b) Address 50A N. Florissant Rd.

17. (a) Burial (b) Date thereof 10-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director Thy Sender

(b) Address 2223 St. Louis Ave.

19. OCT 21 1941 (Date received local registrar)
(c) C. A. McCarroll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1941 hour 12 minute 48 P.M.

21. I hereby certify that I attended the deceased from 10-19-41
to 10-20-41

that I last saw him alive on 10-20-41
and that death occurred on the date and hour stated above.

Immediate cause of death paralytic
map center

Due to thrombosis 9 1/2 hr.

Due to mesenteric thrombosis 8 days

Other conditions coronary pt. disease 3 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy mesenteric thrombosis - mural clot in heart

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 Joseph D. Judy (M. D. or other) MD
Address 1st Ward Safety Bldg Date signed 10/21/41

Duration

min.

hr.

8 days

3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St Louis

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.