

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17775

State File No. _____

FILED JUN 18 1942 7
Registration District No. 2

Primary Registration District No. 5289

Registrar's No. 30-16

25000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Clinton Lafayette (township)
(b) City or town Hempfle (Rural)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Twenty years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Hempfle (Rural)
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME THEODORE F. TREMME

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1942 hour 9 minute 5 A. M.

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw h_____ alive on _____ 19____;
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 married
6. (b) Name of husband or wife Hate Tremmel 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Sept 28 1869
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration Immediate

8. AGE: Years Months Days If less than one day
72 7 23 hr. _____ min.

Due to _____
Due to Arteriosclerosis 1 yr

9. Birthplace St Louis mo 0
(City, town, or county) (State or foreign country)

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

10. Usual occupation bandy maker

Major findings: Of operations none 940

MOTHER FATHER
12. Name Frank Tremmel
13. Birthplace St Louis mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Caldwell
15. Birthplace St Louis mo 0
(City, town, or county) (State or foreign country)

Of autopsy none

16. (a) Informant Frank Tremmel Jr.
(b) Address Hempfle mo

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? _____

17. (a) Burial (b) Date thereof May 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ashland cem.

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

18. (a) Signature of funeral director H A Sullivan
(b) Address Lawer mo
19. (a) May 23 '42 (b) mo A C Hartel
(Date received local registrar) (Registrar's signature)

23. Signature H B Chalding (M. D. or other) MD
Address Platteburg Mo Date May 21-42

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.....

H. D. Sullivan

Licensed Embalmer No.:

1798

P. O. Address.....

Lower 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.