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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Dewey

State File No. 6375

FILED MAR 6 1943 128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 125

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community 1½ Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39 2

(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1201 N. Park
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry F. Remmert

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Louise S. Remmert

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

7. Birth date of deceased July (Month) 3 (Day) 1867 (Year)

8. AGE: Years 75 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Tuhle (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shipping Clerk

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Dr. Louise Remmert
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 2-12-43 (Date received local registrar) (b) Dr M Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1943 hour 2 minute 45 p.M.

21. I hereby certify that I attended the deceased from Jan 21. 43 to Feb 10, 1943
that I last saw h. Am alive on Feb 10. 43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation + Cardiac failure Chronic Nephritis

Due to

Due to

Other conditions Ascites + General Anasarca
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131 P

Of autopsy

Duration

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature James E Drury (M. D. or other)

Address Springfield, Mo. Date signed Feb 11 43

984

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1944

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield 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.