

FILED FEB 27 1944 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 255

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 WEEKS
In this community LIFE
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 3843 Castleman Ave.
(If rural, give location) 917
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANITA M. GREMER

3. (b) If veteran, name war No
3. (c) Social Security No. 488-10-9956

4. Sex F 5. Color or race W
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 Jan. 18th 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business St. Louis Ordnance Plant

MOTHER FATHER {
12. Name John Gremer
13. Birthplace Edwardsville, Ills
(City, town, or county) (State or foreign country)
14. Maiden name Linda Voelkel
15. Birthplace Mascoutah, Ills
(City, town, or county) (State or foreign country)

16. (a) Informant John Gremer
(b) Address 3843 Castleman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) JAN 10 1944 (b) J.F. Brundage
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1943 to Jan. 8 1944
that I last saw her alive on 1-7-44 and that death occurred on the date and hour stated above.

Immediate cause of death Liver metastasis

Due to Carcinoma? Bleach Recurrence

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature Edwin P. Brundage (M. D. or other) _____
Address 372 Washington Date signed 1/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.