

FILED FEB 11 1944
Registration District No. 17

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 6 days
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Elizabeth Ann Kremer

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

4. Sex Female 5. Color or race White 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 January 22 1944
(Month) (Day) (Year)

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

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Alois F. Kremer
13. Birthplace Loos Creek, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Koecher
15. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Alois Frank Kremer
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-31-1944 (b) Theresa Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Jackson Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1944 hour..... minute..... M.

21. I hereby certify that I attended the deceased from Jan 21 1944 to Jan 30 1944
that I last saw her alive on Jan 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth 7 mo gestation
Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 H. Hill (M. D. or other)

Address Jefferson City Mo Date signed 1-31-44

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.....

By Dennis....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis Quest*.....

Licensed Embalmer No. *4096*.....

P. O. Address *Jefferson City 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.