

1. PLACE OF DEATH:  
 (a) County St. Louis City  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Illinois (b) County Madison  
 (c) City or town Alton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 217 East Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 2

3. (a) PRINT FULL NAME ARTHUR JOHN KREMER  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 327-22-5201

4. Sex Male 5. Color or face 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 February 8 1887  
 (Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 14  
 If less than one day hr. min.

9. Birthplace Alton Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Western Cart. Co.

MOTHER FATHER  
 12. Name John Kremer  
 13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Phillipena Dick  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Alton Illinois  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Plummer  
 (b) Address 217 E. Bdwy Alton Ill.

17. (a) Burial removed (b) Date thereof Feb. 24 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Grandview Mausoleum City Cemetery - Alton, Ill.

18. (a) Signature of funeral director O. Carson Lugin  
 (b) Address 603 Henry St Alton Ill.

19. (a) Feb 5 (b) J. J. Prebeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 22  
 year 1944 hour 9 minutes 35 a.m.  
 21. I hereby certify that I attended the deceased from Feb. 10 1944 to Feb. 22 1944.  
 that I last saw him alive on Feb. 22 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF PROSTATE  
 Duration 1 yr  
 Due to  
 Due to 51  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy none performed

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?  
 While at work? (Specify type of place) (e) Means of injury 0  
 23. Signature M. C. Abney (M. D. or other)  
 Address BARNES HOSPITAL Date signed 2/22/44

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

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**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.....

*Charles Quinn*

Licensed Embalmer No.....

*5796*

P. O. Address.....

*6031 Henry Street, D.C.*

**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.**