

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9480

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 2 Day
(Specify whether
In this community 2 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Lairmore Mo. Baden Station
(If outside city or town limits, write "RURAL")
(d) Street No. Baden Station
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Remiger

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 5 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business none

12. Name August Remiger

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

14. Maiden name Louise Wesloh

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

16. (a) Informant August Remiger

(b) Address Baden Station Lairmore Mo.

17. (a) Burial (b) Date thereof Nov. 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Friedrich T. Home

(b) Address 8319 Hall's Ferry Rd.

19. (a) NOV 8 1944 (b) J. J. Bredeek
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7
year 1944 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 5 1944
1944 to Nov 7 1944
that I last saw him alive on Nov 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration 5 1/2 mo

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? _____

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

23. Signature Walter C. ... (M. D. or other) _____
Address 500 SA ... Date signed 11/8/44

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

9 17 3

9 11

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 *Arthur P. Diederich*

Licensed Embalmer No. *3556*

31417 P. O. Address *St. Louis 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.