

FILED JUL 27 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1840

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Normandy's
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2913 Clearview Bel Nor 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Earl F. Kremer3. (b) If veteran, name war 1st World war 3. (c) Social Security No. 194-28-8682

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Emma Kremer 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased June 23, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 0 ..hr. min.9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Parts Dept.11. Industry or business Wellston Automotive Supply Corp.12. Name Robert Kremer13. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. E. F. Kremer(b) Address 2913 Clearview Belnor17. (a) burial (b) Date thereof July 25, 45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation National Cemetery18. (a) Signature of funeral director A. Row L. H. Co.(b) Address 2707 N. Grand Blv'd19. (a) 7-24-45 (b) E. J. M. Gannon
(Date received local registrar) (Registrar's signature) msd

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 2913 Clearview Bel Nor 0
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1945 hour 4 minute 40 P. M.21. I hereby certify that I attended the deceased from July 10
 1945, to July 22, 1945;
 that I last saw him alive on July 21, 1945;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Chronic MyocarditisDue to Secondary PneumoniaDue to Metastatic Carcinoma
(original node)Other conditions None
(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 E. J. M. Gannon (M. D. or other)Address 5307 N. Easton Date signed 7/23/45

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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..... *W E Morris*

Licensed Embalmer No. 3360

P. O. Address.....

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.