

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**FILED** JUL 22 1946

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **5991**

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

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Clayton**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **8405 Colonial Lane**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **HANNAH REMINGTON**  
**3. (b) If veteran,** name war **none** **3. (c) Social Security** No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **6** year **1946** hour **110** minute **45 a.m.**

**4. Sex** **female** **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced, widowed** **2**  
**6. (b) Name of husband or wife** **Walter E. Remington**  
**6. (c) Age of husband or wife if** **12** **1856**  
**7. Birth date of deceased:** **October 12 1856**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **June 28** **1946** **to** **July 6** **1946**  
 that I last saw her alive on **July 6** **1946**  
 and that death occurred on the date and hour stated above.

**8. AGE:**  Years **89**  Months **8**  Days **24**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **cerebral hemorrhage**  
**arteriosclerosis**

**9. Birthplace** **Salt Lake City Utah**  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** **housewife**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** **unknown Williams**  
**13. Birthplace** **unknown unknown**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **unknown unknown**  
**15. Birthplace** **unknown unknown**  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. S. Brooks Remington**  
**(b) Address** **8405 Colonial Lane, Clayton, Mo.**  
**17. (a) removal** **(b) Date thereof 7-9-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Council Bluffs, Iowa.**

**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?** \_\_\_\_\_

**18. (a) Signature of funeral director** **C. R. Lupton & Sons**  
**(b) Address** **7233 Delmar Blvd., St. Louis, Mo**  
**19. (a) JUL 8 1946 (b) J. F. Bradeck**  
 (Date received from registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_  
**23. Signature** **Michael M. Karl** (M.D. or other)  
**Address** **3720 Washington Blvd** **Date signed** **July 6/1946**

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

24430

1977

16695

Dr. Samuel M. West  
3770 Washington Ave  
93-8498

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 Clarence H. Murray  
Licensed Embalmer No. 4011  
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.