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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6580**
Registrar's No. **2187**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4323 So. Grand Blvd. /
(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 Daniel Henry Kremer

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January 28th, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation General Const. Contractor

11. Industry or business _____

12. Name Wm. H. Kremer

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Myers

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Richard H. Kremer

(b) Address 473 Oakwood, Webster Groves, Mo.

17. (a) burial (b) Date thereof Mar. 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summit Burial Park

18. (a) Signature of funeral director Wacker-Heldt

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 4 1947 (b) J. J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4323 So. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 3
year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb 24
1947 to March 3 1947
that I last saw him alive on March 2 1947
and that death occurred on the date and hour stated above

Immediate cause of death Coronary thrombosis

Due to acute myocardial infarction 6 days

Due to acute coronary 7 days

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration 15 MIN

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? _____

(e) While at work? _____ (Specify type of place)
(c) Manner of injury _____

23. Signature Miss Lawrence Healy (M.D. or other) M.D.

Address 508 Grand Blvd. Date signed 3/3/47

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.....

Frank J. Gowan

Licensed Embalmer No.....

2645

P. O. Address.....

Adams

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.