V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19281

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4981

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 2620 N. 19th Str. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community since 1885 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2620 N. 19th. Str (If rural, give location) 9

26 0

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

If yes, name country

3. (a) PRINT FULL NAME Chas. H. Remmert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Remmert

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept (Month) 17 (Day) 1873 (Year)

8. AGE: Years 73 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation retired grocer

11. Industry or business

FATHER
12. Name Henry Remmert
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Amalia Lehmann
15. Birthplace Mt. Olive Ill. (City, town, or county) (State or foreign country) 1

16. (a) Informant Melvin Remmert -son

(b) Address 2620 N. 19th Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 '47 (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Leidner Undtkg. Co

(b) Address 2223 St. Louis Ave.

19. (a) MAY 17 1947 (Date received local registrar) (b) J. F. Bredcok (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 12 15 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 1944 to May 15 1947 that I last saw him alive on May 15 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chr.	3 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0

While at work? (e) Means of injury

23. Signature J. O. Peters (M. D. or other)

Address 2505 W. Louisiana Date signed 5/16/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John P. Beckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.