V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26391

FILED JUL 23 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1499

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6/25/47 (Specify whether
In this community 51 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3440 South Second Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME REMMLER, Ernest

3. (b) If veteran, name war World I

3. (c) Social Security No. U488-03-8072

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Leonila

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 7, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	5	5	hr. min.

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

10. Usual occupation Brewer

11. Industry or business Anheuser Busch

FATHER
12. Name Albert Remmler
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Seidel
15. Birthplace Indianapolis, Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital,
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/47
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Witt Bros. Fun. Ser.
(b) Address 2929 South Jefferson, St. Louis, Mo.

19. (a) 7-15-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12, year 1947 hour 1:50 minute P M.

21. I hereby certify that I attended the deceased from June 25, 1947, 19..., to July 12, 1947, 19...; that I last saw him alive on July 12, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: PULMONARY EMBOLUS; RHEUMATIC HEART DISEASE WITH FIBRILLATION	
Due to 95 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No Operation
Of autopsy Autopsy performed (See cause of death)

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) No

(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)

While at work? (e) Means of injury

23. Signature L. E. Stilwell (M. D. or other)

Address Vet. Adm. Hosp., Jef. Bks., Mo. Date signed 7/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1947

SEP 30 1947

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson 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.