

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27924
Registrar's No. 7033

1. PLACE OF DEATH: 0
(a) County 5
(b) City or town St. Louis
(c) Name of hospital or institution: Little Sisters of Poor 5
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3: (a) PRINT FULL NAME Anthony Kremer
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 30, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Germany 4 (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

12. Name William Kremer

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kremer (City, town, or county) (State or foreign country)

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of Poor
(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 8/12/48 (Burial, cremation, or removal) (Month) (Day) (Year)
Resurrection Cemetery
(c) Place: burial or cremation

18. (a) Signature of funeral director John H. Gebken Sons and Co.
(b) Address 2630 Gravois Ave.

19. (a) AUG 11 1948 (Date received local registrar)
(b) J. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(d) Street No. 3225 N. Florissant Ave. 9
(e) Citizen of foreign country? NO (If rural, give location) (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Aug 5 1948 to Aug 9 1948
that I last saw him alive on Aug 9, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis
Duration
Due to 121
Due to

Other conditions Sex Intermittent Nephritis (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?

(Specify type of place)
While at work? (e) Means of injury

23. Signature Aloysius A. Hill (M. D. or other) MD
Address 2901 W. Florissant Date signed 8/10/48
Dr. Hill

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

MOTHER FATHER

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.....

Robert J. Gibben

Licensed Embalmer No. *4144*

P. O. Address..... *2630 Graven*

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.