

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

31377
State File No. _____
Registrar's No. 8098

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital.. 5400 Arsenal St., D.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9
(d) Street No. 1210 Locust Street, (If rural, give location) 1
25
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDE E. REMICK.
(b) If veteran, name war None.
(c) Social Security No. none.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September 14th
year 1948 hour 5:00 minute _____ P. M. _____

4. Sex Male. D 5. Color or race White
6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 1st, 1875.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 25, 1948 to Sept. 14, 1948, that I last saw him alive on Sept. 14, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72. 10. 14. hr. _____ min. _____

Immediate cause of death
Myocardial Infarct
Arteriosclerotic Heart Disease
Due to _____ 1948x.

9. Birthplace Sharon, Penn.
(City, town, or county) (State or foreign country)
10. Usual occupation Canon of Christ Church
11. Industry or business Cathedral.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy NO

MOTHER, FATHER
12. Name Arthur G. Remick.
13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)
14. Maiden name Nannie Stitt.
15. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)

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) (c) Means of injury _____

16. (a) Informant Dean Sweetl
(b) Address 1210 Locust Street,
Cremation. (b) Date thereof 9/16/48.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Bly'd.,
19. (a) SEP 15 1948 (b) J. P. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature Paul T. Hartman (M. D. or other) _____
Address 5400 Arsenal St. Date signed 9-15-48

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.