

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3985**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hemple</b> <u>0250</u>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Katie</b>	b. (Middle) <b>****</b>	c. (Last) <b>Tremmel</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 15, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 18, 1875</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jacob Greiser</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Redinger</b>	14. NAME OF HUSBAND OR WIFE <b>Theodore F. Tremmel</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>****</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Tremmel Hemple, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>33 IX</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Atherosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-11, 1950, to 2-15, 1950, that I last saw the deceased alive on 2-14, 1950, and that death occurred at 9:55A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>105 Bldg. - St. Joseph, Mo.</b>	23c. DATE SIGNED <b>2-16-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial A</b>	24b. DATE <b>Febr. 17, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 23, 1950</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>382</b>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>1046</b>	ADDRESS <b>St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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, *of the* \*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student .....  
Student Embalmer

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Signed

*Raymond W. Herches*  
Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.