

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

1003

6329
State File No. 1253

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2009 0

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		1129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>John</u>		c. (Last) <u>Kremmel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7, 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 6 1945</u>	
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>		IF UNDER 1 WEEK Hours <u>1</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Tomah-Wisc.</u>	
13a. FATHER'S NAME <u>Wilbert H. Kremmel</u>				13b. MOTHER'S MAIDEN NAME <u>Helen Braun</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Kremmel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Kremmel</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma with metastasis (kidney + liver)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>200.1</u>			
22. I hereby certify that I attended the deceased from <u>1-17-1951</u> , to <u>2-7-1951</u> , that I last saw the deceased alive on <u>2-7-1951</u> , and that death occurred at <u>11:48 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. L. Thurston</u>				23b. ADDRESS <u>Children's Hosp</u>		23c. DATE SIGNED <u>2/7/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 10/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Monroe, Ill</u>	
DATE REC'D BY LOCAL REG. <u>FEB 8 1951</u>				REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Josephine Schmidt</u>	
				ADDRESS <u>Columbia Ill</u>			

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, or by me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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.