

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 FILED JAN 17 1953
 XC16915937
 REG #107450

 BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 6078

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS		c. LENGTH OF STAY (In this place) 12 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES		4607
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			d. STREET ADDRESS (If rural, give location) 20 GIRARD DRIVE		
3. NAME OF DECEASED (Type or Print) a. (First) GROVER b. (Middle) C c. (Last) REMME			4. DATE OF DEATH (Month) (Day) (Year) 1-10-53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-8-1892	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TECHNICIAN		10b. KIND OF BUSINESS OR INDUSTRY DENTAL	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HARRY REMME		13b. MOTHER'S MAIDEN NAME SALLIE EALGSON		14. NAME OF HUSBAND OR WIFE GLADYS REMME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 486387981	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.		
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) HYPERTENSIVE CARDIOVASCULAR DISEASE			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12-29-52 , 19__, to 1-10-53 , 19__, that I last saw the deceased on 1-10-53 , and that death occurred at 1:25A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert R. Dorn MD			23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 1-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan. 12, 1953	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.		
DATE REC'D BY LOCAL REG. 1-10-53	REGISTRAR'S SIGNATURE Herbert R. Dorn - M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausen 4228 S. Kingshighway Bl		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Richard W. Storssand*

Licensed Embalmer No. 4007

P. O. Address _____

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.