

FILED FEB 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 7242

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South of Troy, one South main	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) SAME as above 0570	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) c. (Last) Remiger			4. DATE OF DEATH (Month) (Day) (Year) February 16 1953		
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1888 APRIL 10/1888	9. AGE (In years last birthday) 67	10. IF UNDER 1 YEAR Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) Germany 4	
12. CITIZEN OF WHAT COUNTRY U.S.A					

13a. FATHER'S NAME JOSEPH REMIGER		13b. MOTHER'S MAIDEN NAME Anna unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-09-3391		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. Chas. Sullwold Verona Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular rupture		DUPLICATE		3 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction DUE TO (c) coronary sclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					

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) (Min)		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 Feb. 1, 1953, to Feb. 16, 1953, that I last saw the deceased alive on Feb. 16, 1953, and that death occurred at 2:40 pm., from the causes and on the date stated above.

23a. SIGNATURE E. J. Canty (Degree or title) M.D.		23b. ADDRESS St. Charles, Missouri		23c. DATE SIGNED Feb. 17, 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-19-53		24c. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.		24d. LOCATION (City, town, or county) (State) Verona Mo	
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DATE REC'D BY LOCAL REG. Feb 17, 1953		REGISTRAR'S SIGNATURE Francis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE James D. Cuyler		ADDRESS Aurora Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1953

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

James W. Crafton

Licensed Embalmer No. *4668*

P. O. Address *Aurora, Mo.*

Signed _____
Student Embalmer

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.