

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35875

State File No. _____

1003

Registrar's No. 9219

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9219							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. In residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. 4472 Beck Ave.				e. STREET ADDRESS (If rural, give location) 15 4472 Beck Ave.				2159					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) _____			c. (Last) Remphry			4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1954				
5. SEX Male <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 21 1901		9. AGE (In years last birthday) 52		# OWEN: YEARS Months Days		# OWEN: HRS. MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative Teamster Union				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) Manchester, Missouri			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Joseph Remphry				13b. MOTHER'S MAIDEN NAME Elizabeth Mignerone				14. NAME OF HUSBAND OR WIFE Katherine Remphry					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW # 1				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Remphry 4472 Beck							
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, ashenia, etc. It means the disease, injury, or complication which caused death.													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH 1 day			
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. <u>Diabetes mellitus</u>													
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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201							
22. I hereby certify that I attended the deceased from <u>4-15-1952</u> to <u>10-11-1954</u> ; that I last saw the deceased alive on <u>10-11-1954</u> and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>J.W. P. Berman M.D.</u>						23b. ADDRESS <u>1225 No. Grand</u>			23c. DATE SIGNED <u>10-11-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 13 54		24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City, town, or county) (State) St Louis Mo						
DATE REC'D BY LOCAL REG. OCT 11 1954		REGISTRAR'S SIGNATURE <u>E. J. Schnur</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette							

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John B. Volkmann*.....

Licensed Embalmer No. *401*.....
P. O. Address *3125 Sepulchre*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.