

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

81089-57  
1003

3489

STATE FILE NUMBER

1400

FILED FEB 14 1958

318

Registration District No. Primary Registration District No. Registrar's

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Missouri</i>		c. CITY OR TOWN <i>St. Louis 16, Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cardinal Glennon Memorial Hospital</i>		Length of stay in lb. STREET ADDRESS (If outside, give location) <i>4804 Milentz Ave.</i>	

3. NAME OF DECEASED (Type or print) First <i>Michael</i> Middle <i>Warren</i> Last <i>Remmler</i>			4. DATE OF DEATH Month <i>2</i> Day <i>4</i> Year <i>1958</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-4-57</i>	9. AGE (In years last birthday) <i>4</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i></i> Hours <i></i> Min. <i></i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Raymond W. Remmler</i>			14. MOTHER'S MAIDEN NAME <i>Myrtle Burroughs</i>			
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 <i>RAYMOND REMMLER</i> Address <i>4804 MILENTZ AVE</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>BILATERAL PULMONARY ATELECTASIS</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Indefinite</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Interventricular Septal Defect</i>	<i>4 mo.</i>
	DUE TO (c) <i>Congenital Heart Disease</i>	<i>4 mo.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>754.2</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i></i> Month, Day, Year a. m. <i></i> p. m. <i></i>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *1-16-58* to *2-4-58* and last saw her alive on *2-4-58*  
Death occurred at *6:35* p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. Reelie Haslam M.D.</i> (Degree or title)	22b. ADDRESS <i>1325 S. GRAND BLVD</i>	22c. DATE SIGNED <i>2-5-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>2-8-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PK.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo</i>
24. FUNERAL DIRECTOR <i>Zieschen Kror 6409 Chaouc.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>FEB 6 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Van M. Sezemore*

Licensed Embalmer No. *434*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.