

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048367

FILED VS JAN 5 1961 317

500 Registrar's No. 3705

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Lemay		Length of stay in lb 10 Mos	c. CITY OR TOWN Lemay Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary Ridge Nur Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 925 Poplar Dr Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Catherine Middle Remming Last Remming			4. DATE OF DEATH Month Dec Day 21 Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 20 1894 9. AGE (last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of preceding year, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Book Binder	9. AGE (last birthday) 66 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HR Hours 15 Min. 0
11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Baitinger		13b. MOTHER'S MAIDEN NAME Katherine Praechter	14. NAME OF HUSBAND OR WIFE Deceased Albert Remming
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address 925 Poplar Dr Lemay 25 Mo. George J Baitinger
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease & Hypertension DUE TO (c) arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 days ? ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left Hemiplegia due to cerebral thrombosis in 1953			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 — Month, Day, Year —		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 Feb 12 1960 to Dec 21 1960 and last saw her alive on Dec 21 1960 Death occurred at 5 30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mrs Harbless M.D.		22b. ADDRESS 512 Doru Place	22c. DATE SIGNED 12/23/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 24 1960	23c. NAME OF CEMETERY OR CREMATORY St Pauls Churchyard	23d. LOCATION (City, town, or county) (State) Affton Mo.
24. FUNERAL DIRECTOR ADDRESS Fey Funeral Home, Mehlville Mo.		25. DATE RECD. BY LOCAL REG. 12-24-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eustace W. [Signature]*

Licensed Embalmer No. 43

P. O. Address St. Louis

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