

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9205** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 28 1962**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>West Frankfort</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1409 E. Elm St.</b>

3. NAME OF DECEASED (Type or print) First <b>McKINLEY</b> Middle <b>W.</b> Last <b>CREMER</b>			4. DATE OF DEATH Month <b>SEPTEMBER</b> Day <b>23</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-12-1893</b>	9. AGE (last birthday) <b>68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shop Foreman Mach.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Coal Mine</b>	11. BIRTHPLACE (City and state or country) <b>Elmwood, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY <b>Ill.</b>
13a. FATHER'S NAME <b>Frank Cremer</b>		13b. MOTHER'S MAIDEN NAME <b>Ada Washburn</b>		14. NAME OF HUSBAND OR WIFE <b>Zelda</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of serv. or unknown) <b>yes WW #1</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Zelda Cremer</b>	Address <b>1409 E. Elm St. W. Frankfort</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION WITH VENTRICULAR ANEURYSM</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 WEEKS</b>
DUE TO (b) <b>CORONARY ARTERIOSCLEROSIS</b>		
DUE TO (c) <b>4201</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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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.)
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20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m.	Month, Day, Year <b>[REDACTED]</b>
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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 <b>West Frankfort</b>	COUNTY <b>Franklin</b>	STATE <b>Ill.</b>
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21. I attended the deceased from **SEPT 13, 1962** to **SEPT. 23, 1962** and last saw her alive on **SEPT. 23, 1962**  
Death occurred at **2:25 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C.D. Vermillion, M.D.</i>	(Degree or title) <b>M. D.</b>	22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>9/24/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-24-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tower Heights</b>	23d. LOCATION (City, town, or county) <b>West Frankfort Ill.</b>
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24. FUNERAL DIRECTOR <b>Reedy</b>	ADDRESS <b>West Frankfort, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 24 1962</b>	26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>
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DATE AMENDED  
10/30/62  
10/30/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
Married & Elmwood, Nebraska Widowed & Momenh, Nebraska  
World War #1 World War #2

BY AFFIDAVIT OF Funeral Director DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

52

**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

*Frank Praloff*

Licensed Embalmer No. 4356

P. O. Address St. Louis Mo.

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.

MISSOURI BOARD OF HEALTH, DEPARTMENT OF HEALTH, DIVISION OF PUBLIC HEALTH, ST. LOUIS, MISSOURI