

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** No. **1949** **Montgomery** St. **26** Ward.....
 (If nonresident, give city or town and State)

File No. **42074**
 Registered No. **11128**
 St. Ward)

2. FULL NAME

Edward Remmert
 (a) Residence, No. **1949 Montgomery** St., **26** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

13. NAME **Sty. A. Remmert**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Carolina Reas**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Emma Remmert** (ADDRESS) **1949 Montgomery St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Buhlheim** DATE **Dec 27 1933**

19. UNDERTAKER **Berndine's Funeral Home** (ADDRESS) **1936 St. Louis Ave.**

20. FILED **DEC 27 1933** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/25 1933**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **9:21 A.m.**

The principal cause of death and related causes of importance were as follows:

Carbon Monoxide Poisoning
Self administered
 Date of onset

164C
104

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide **suicide** Date of injury **12/25 1933**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Carbon oxide Poisoning**

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) **A. O. Kelly** (Address) **12/26/33**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

26
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