REC'D APR 12 1939

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

8494
Do not use this space.

791
1003
2259

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township or (c) City St Louis Primary Registration District No. ..... Registered No. .....

(d) Street No. 3805 Keokuk St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 540 EMMA REMMEL

(a) Residence, No. 3805 Keokuk St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: JACOB REMMEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 27, 1862

7. AGE: YEARS 76 | MONTHS 10 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSE WIFE
9. Industry or business in which work was done, as 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): GERMANY 6

FATHER
13. NAME: Wm BERLICH 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 6

MOTHER
15. MAIDEN NAME: HENRIETTE ODER 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): MARIE ROSE REMMEL

18. BURIAL, CREMATION, OR REMOVAL
PLACE: HOUSTON TEXAS DATE: MCH 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm SCHUMACHER 3013 MERAMEC

20. FILED: MAR 9 1939 J. F. Bulrich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to March 9, 1939
I last saw her alive on March 8, 1939. Death is said to have occurred on the date stated above, at 4:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1938
(Arterio-Sclerotic Heart Disease with Hypertension)	
Other contributory causes of importance:	
Chronic Nephritis (Arterio-Sclerotic)	1938

Name of operation: Electrocardiogram 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? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) A. R. Shreffler, M. D.
(Address) 1020 Missouri Bldg St. Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

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~~ .....

....., Registered Apprentice No. .....

~~working under my personal supervision~~.

Signed. Wm Schumacher

Licensed Embalmer No. 901

P. O. Address 3013 Meramec St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.