

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29174

FILED OCT 1 1942 318

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 7799

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3519 (Rear) N. 11th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3519 (Rear) N. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louise Helen Schremp

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Schremp 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased November 13 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 4 hr. min.

9. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER {
12. Name Alfred Shaw
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Kelly
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Schremp
(b) Address 5407 N. 2nd St.

17. (a) Burial (b) Date thereof 9/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director W. J. Bredenkamp
(b) Address 3934 N. 11th St.

19. (a) SEP 19 1942 (b) J. F. Bredenkamp
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 Thursday
year 1942 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1941
Sept. 17 1942
that I last saw her alive on Sept 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the lungs

Duration
one year

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (e) Means of injury.....

23. Signature R. R. Menoun (M. D. or other) M.D.
Address 5330 General Ave Date signed 9/18/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten notes and scribbles at the top of the page, including the word "Certificate" and other illegible markings.

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 *Alfred J. Boedecker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha Ave*

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 this body is not embalmed, fact should be so stated above.