

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
In this community Life (Specify whether 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. 1825 Kennett Place
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Schremp

3. (b) If veteran, -- name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Aaron Schremp
6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 11, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 25 hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Frank K. Slezak
13. Birthplace Austria (State or foreign country) 4
14. Maiden name Mary Ratzek
15. Birthplace Austria (State or foreign country) 4

16. (a) Informant Alvina Mulac
(b) Address 5410 Christy Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 9 43
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Stachow-Heldrich & Co.
(b) Address 3634 Gravois Ave.

19. (a) APR 8 1943 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Strangulated Ventral Hernia
Acute Peritonitis - Albulic
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?

While at work _____ (Specify type of place)
(e) Means of injury 3
23. Signature Alfred Perry M. D. or other) _____
Address _____ Date signed 4/8/43

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

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..... *Frank J. Gland*.....
Licensed Embalmer No. *49675*.....
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 this body is not embalmed, fact should be so stated above.