

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
U.S. Marine Hospital, Kirkwood, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 63 days  
(Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 073  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4947 Buckingham Court  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Fred W. Kremetz

3. (b) If veteran, name war unknown 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ann W. Kremetz 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased March 21 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 1 0 hr. min.

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

10. Usual occupation Captain (Retired)

11. Industry or business Gov. Snagboat McComb and Wright

12. Name Thomas Kremetz

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical records of hospital

(b) Address U.S. Marine Hosp. Kirkwood, Mo.

17. (a) BURIAL (b) Date thereof APR. 24 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM

18. (a) Signature of funeral director L. Muller

(b) Address 516 DELMAR ISL

19. (a) APR 25 1944 (b) C. J. Mc Gowan, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st  
year 1944 hour 5:40 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 18th, 1944 to April 21, 1944  
that I last saw him alive on April 21st, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 mo

Due to Arteriolar Nephrosclerosis 3 yrs

Due to Generalized Arteriosclerosis and hypertensive Cardiovascular disease unknown

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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) NO  
(b) Date of occurrence X  
(c) Where did injury occur? X  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
X

While at work? X (Specify type of place) Means of injury X

23. Signature J. E. Ryan, Sr. (M. P. H. S.)  
Address U.S. Marine Hosp. Kirkwood, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED  
MAY 10 1960

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**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: *H. Y. Farris*  
Licensed Embalmer No. *3384*  
P. O. Address: *St. Louis*

**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.**