. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22463
Registrar's No. 6067

FILED JUL 23 1945

Registration District No. 1003 Primary Registration District No.

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: 1415 Cockrell Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 1
(c) City or town St. Louis 176
(If outside city or town limits, write "RURAL.")
(d) Street No. 1415 Cockrell Ave., 0
(If rural, give location)
(e) Citizen of foreign country? n (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Remmert
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Henry Remmert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4, 1865. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	0	5	hr. min.

9. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Lawerance Klump
13. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Fallert
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)
16. (a) Informant Miss. Nellie Goggin
(b) Address 1415 Cockrell Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/45. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) JUL 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 7.30 minute P.M. M.
21. I hereby certify that I attended the deceased from January 1st 1945 to July 8th 1945 that I last saw her alive on July 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	2
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 [illegible] (M.D. or other) DO
Address [illegible] Date signed 7-11-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl Hicks
6201 Lotus Ave.,
Mu. 1650.

6068

6067

Found by County

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 Jos. W. Clark

Licensed Embalmer No. 1661

P. O. Address 1127 Indiana 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.