No. 2
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5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36902

Registration District No. 369 Primary Registration District No. 4539 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Williamsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: town /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Williamsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Carl Wm. Schrempp

3. (b) If veteran, name war .....

3. (c) Social Security No. 702-14-0632

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug. (Month) 31, (Day) 1871 (Year)

8. AGE: Years 66 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Retired file clerk

11. Industry or business Mo. Pac. R.R.

FATHER
12. Name Louis Schrempp
13. Birthplace St. Louis, Mo. (City, town, or county) Germany (State or foreign country) 7

MOTHER
14. Maiden name Julia Grismeyer
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Anna Schrempp
(b) Address Williamsville, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar Bluff, Missouri

19. (a) Nov. 1-1947 (Date received local registrar) (b) Susie U. Piles (Registrar's signature) 211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29th
year 1947 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 25, 1947, to Oct 29th, 1947
that I last saw him alive on Oct. 25th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Spasm	0
Due to Angina Pectoris	4 da.
Due to Nervous Tension and anxiety	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy none

94B

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 —
(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 — 0

23. Signature Wm. H. Burton (M. D. or other) M.D.
Address Poplar Bluff, Mo. Date signed 10-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1147-141
Date Filed: 11-10-42

JAN 12 1948

MAY 13 1948

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.