No. 300
—10-47
5-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24647

Registrar's No. 6790

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: ALEXIAN BROTHERS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DA (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State MO (b) County

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 7408 PENNSYLVANIA AV
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPH S. REMPP

3. (b) If veteran, name war

3. (c) Social Security No. 492-05-2930

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ALYCE

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Oct. (Month) 9 (Day) 1898 (Year)

8. AGE: Years 49 Months 9 Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation MACHINIST

11. Industry or business

FATHER 12. Name JOSEPH REMPP.

13. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

MOTHER 14. Maiden name ANNA WIEDENKELLER

15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Alyce Rempp

(b) Address 7408 PENNSYLVANIA.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 3-48 (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT OLIVE CEM

18. (a) Signature of funeral director Jos. C. Fendler Jr.

(b) Address 7128 Michigan

19. (a) AUG 2 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 19 — 1948 to July 31 1948 that I last saw him alive on July 31 — 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Ventricular Fibrillation Splenectomy 7/31/48 — Duration 1h

Due to 75

Due to

Other conditions Partial Diseases — (Include pregnancy within 3 months of death)

Major findings: Of operations Marked Enlargement of Spleen

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 (M. D. or other)

Address 3606 Shaw Av Date signed 8/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Forlow

Licensed Embalmer No. 3093.

P. O. Address 7128 Michiga

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.