

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35788

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **2432**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Gardenville</b>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Nursing Home</b> <b>1189 Gravois ave.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
3. NAME OF DECEASED a. (First) <b>Anna</b> b. (Middle) <b>M.</b> c. (Last) <b>Remp</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 9 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 14, 1870</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>nil</b>	9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Martin Wiedenkiller</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown Schmidt</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph M. Remp</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lottie Kramer</b> ADDRESS <b>7408 Pennsylvania ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of liver + gall bladder probably primary in gall bladder</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>8-1-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>carcinoma involving liver + gall bladder</b>	
19c. INTERVAL BETWEEN ONSET AND DEATH <b>8 months</b>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. DATE OF OPERATION <b>8-1-50</b>		20. MAJOR FINDINGS OF OPERATION <b>carcinoma involving liver + gall bladder</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>46</u> , to <u>10-9</u> , 1950, that I last saw the deceased alive on <u>10-9</u> , 1950, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Kath Swilson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>4952 Maryland Ave</b>	
23c. DATE SIGNED <b>10-10-50</b>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 12, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>10180 Gravois ave. St. L. Co. Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Undertaking &amp; Livery Co.</b>	

130 - 5 PM

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.