

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023936  
State File No.

FILED JUL 11 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1598

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

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>Clayton</u>   |                                  | c. LENGTH OF STAY (in this place)<br><u>3 Days</u>  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Ferguson</u> <u>4119</u>   |   | d. STREET ADDRESS (If rural, give location)<br><u>707 Tiffin Ave.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Louis County Hosp.</u>   |                                  |   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Christ</u> b. (Middle) <u>Hubart</u> c. (Last) <u>Cremer</u>   |                                  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>6/14/58</u>  |   |   |
| 5. SEX<br><u>Male</u> <input type="radio"/>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>8/3/93</u>   | 9. AGE (In years last birthday)<br><u>65</u>  | IF UNDER 1 YEAR<br>Months Days  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Letter Carrier</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>US Post Office</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Missouri</u> <input type="radio"/>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                            |
| 13a. FATHER'S NAME<br><u>CHRIST CREMER</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>ELIZABETH WEIBERGER</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Augusta A. Vietor</u>   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes</u> <u>World War I</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>UNK.</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Augusta A. Cremer 707 Tiffin Ave.</u>   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                      |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Perforated Gangrenous Appendix</u><br>DUE TO (c) <u>Septicemia - Splenic &amp; Renal infarcts</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Septicemia - Splenic &amp; Renal infarcts</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>72 hrs.</u>                    |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Ruptured Appendix</u>  |   | 20. AUTOPSY? /<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 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>6-11-58</u> to <u>6-14-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-14-</u> , 19 <u>58</u> and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above. |                                  |   |   |   |   |
| 23a. SIGNATURE<br><u>Jack L. Hagadorn, M.D.</u> (Degree or title)  |                                  |   | 23b. ADDRESS<br><u>601 S. Brentwood Clayton, Mo.</u>  |   | 23c. DATE SIGNED<br><u>6/14/58</u>                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 24b. DATE<br><u>6/17/58</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>Jefferson Barracks, Mo.</u>       |   |
| DATE REC'D BY LOCAL REG.<br><u>6-14-58</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>Herbert R. Danke, M.D.</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>White-Mullen 118 N. Florissant Rd.</u> |   |

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edman Torrice.....

Licensed Embalmer No. 3403.....

P. O. Address Jennings 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.