RL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS AUG 3 1960

DDED

-60-028034

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 300

1. PLACE OF DEATH
a. COUNTY St.Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township
Length of stay in 1b 9Y;3 M;3das.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital No. 4
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Desloge
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 501 Chestnut St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle JOHN Last GREMMINGER

4. DATE OF DEATH Month July Day 11, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Feb.3,1874
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months 5 Days 8 Hours Min.
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building contractor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Zell, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Gremminger
13b. MOTHER'S MAIDEN NAME Barbara Gidley
14. NAME OF HUSBAND OR WIFE Annie Drury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-14-2714
17. INFORMANT Address Records, State Hospital No.4,Farmington,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial pneumonia - - - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH Abt.1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease with congestive failure - — Unknown.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Psychosis with cerebral arteriosclerosis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 8, 1951, to July 11,1960 and last saw him alive on July 11, 1960
Death occurred at 3:05 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Brennan MD (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 7-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 13,1960
23c. NAME OF CEMETERY OR CREMATORY The Catholic Cemetery
23d. LOCATION (City, town, or county) (State) Highway 8, Flat River,Mo.

24. FUNERAL DIRECTOR B.T. Boyer Undertakers, ADDRESS Desloge, Missouri
25. DATE RECD. BY LOCAL REG. July 13, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed B. T. Boyer Deslage

Signature of Student Embalmer

Licensed Embalmer No. 366

P. O. Address Deslage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.