MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28893

Township ..... Primary Registration District No. 1003 Registered No. 8401

City St Louis (No. 6431 Idaho Ave St. ..... Ward)

2. FULL NAME Casper P. Bramer

(a) Residence. No. ..... St., 1 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 15. 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	6	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter ✓

(b) General nature of industry, business, or establishment in which employed (or employer) Builder

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Timberville
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER Matt Bramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Catherine Kelsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Minnie M. Bramer
(Address) 6431 Idaho Ave

15. FILED AUG 18 1928, 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-16-1928

17. I HEREBY CERTIFY, That I attended deceased from August 3, 1928, to Aug-16-1928 that I last saw him alive on Aug. 16-1928, and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Tuberculosis
23A
(duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. S. Pruett, M. D

8-16-, 1928 (Address) 6006 Virginia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park

DATE OF BURIAL 8/18 1928

20. UNDERTAKER O. Hoffmeister U & L Co

ADDRESS 781 P.S. Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD