

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

Do not use this space.

41218

1. PLACE OF DEATH

County Lafayette
Township.....
City Alma (No.....)

Registration District No. 454
Primary Registration District No. 4268

File No.....
Registered No. 9
St. Ward.....

2. FULL NAME

Herman Bremer

(a) Residence. No..... St., 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? 50 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR ~~SEPARATED~~
HUSBAND OF
Emilie Bremer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-30-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Retail Furniture
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lungenhausen
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Heinrich Bremer

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

12. MAIDEN NAME OF MOTHER Adelheid Buenger

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

14. INFORMANT Alfred N. Bremer
(Address) Alma Mo.

15. FILED 12-22, 1929 J. G. W. Fischer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19-1929

17. I HEREBY CERTIFY, That I attended deceased from 4-25-1929, to Dec. 19, 1929, 1929
that I last saw him alive on 12-19-1929, and that death occurred, on the date stated above, at 11: P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Lungs
129 17
4 1/2 (duration) yrs. 4 mos. ds.

CONTRIBUTORY Malignant Prostate
(SECONDARY) (duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 49

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. G. W. Fischer, M. D.

(Address) Alma, Mo.

*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 Alma Lutheran Chur. DATE OF BURIAL 12/22-1929

20. UNDERTAKER Freshing & Vought Bros. ADDRESS Concordia, Mo.

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.

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