

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

41969

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6089B
City St. Louis County (No. 9019) St. Charles Rock Rd. St. _____ Ward _____

File No. _____
Registered No. 388

2. FULL NAME Henry J. Bruemlere

(a) Residence. No. 9019 St. Charles Rock St. Rd. Ward _____
(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 Mary Bruemlere

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Salesman
(b) General nature of industry, business, or establishment in which employed (or employer). Lyons Printing Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John C. Bruemlere

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

12. MAIDEN NAME OF MOTHER Maria Angel Winkler

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

14. INFORMANT Mary C. Bruemlere
(Address) 9019 St. Charles Rock Rd.

15. FILED 12/22, 1929 J. H. Leeb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1929, to Dec 20, 1929 that I last saw him alive on Dec 20, 1929, and that death occurred, on the date stated above, at 4 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
131
93
CONTRIBUTORY (SECONDARY) Chol. Intestinal Nephritis
(duration) yrs. 5 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 Physical & Chemical tests
(Signed) John C. Howell M. D.
12-1-29 (Address) Overland

*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 St. Peter- Paul Cemetery DATE OF BURIAL Dec 30 1929

20. UNDERTAKER J. H. Leeb ADDRESS 2630 Travis Av.

