

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

Do not use this space.

30252

1. PLACE OF DEATH

County Scotland Registration District No. 810
Township West Primary Registration District No. 6057
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 42

2. FULL NAME Henry Lawrence Bremer

(a) Residence, No. Scotland Co. 140 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? 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 Mrs. Lilda Bremer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1888

7. AGE YEARS 43 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) January 1931 11. Total time (years) spent in this occupation 22 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherrybrook Mo.

13. NAME Henry Bremer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherrybrook Mo.

15. MAIDEN NAME Margaret Anthony

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrens Mo.

17. INFORMANT (ADDRESS) Mrs. Lilda Bremer 140

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Owens 140 DATE Aug 13, 1931

19. UNDERTAKER (ADDRESS) Roberts & Wood 140

20. FILED Aug 24, 1931 Registrar E. E. Parvick

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to August 13, 1931
I last saw him alive on August 13, 1931. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac asthma
131
958/31
Other contributory causes of importance:
Lepthosites Chorea
arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. B. Bruffe, M. D.
(Address) St. Owens 140

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.

SEP. 28 1931

