

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.

FEB 19 1935

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

Do not use this space.

1196

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Wagon Primary Registration District No. 1002
 City Kansas City (No. 1011) Prospect St. Ward

File No.
 Registered No. 62

2. FULL NAME Charles W. Bremer

(a) Residence, No. 1911 Prospect St., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 35 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 Susanna Bremer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 11

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Karl Bremer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Gearicer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Susanna Bremer
 (ADDRESS) 1011 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 8 1935

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 202 W. Linwood

20. FILED Jan 14 1935 M. M. Corwin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 35 .19

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1934 to Jan 6 1935

I last saw him alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 11:55A

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

Chronic Myocarditis Date of onset 2 yrs

Other contributory causes of importance: Atherosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify (Signed) Ward Leonard M.D.
 (Address) 3232

