

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.

OCT 23 1935

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

Do not use this space.

31143

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. 44th St. Hospital Av.) ..... St. ..... Ward .....  
Registered No. **7938**

2. FULL NAME

George Bressmer  
(a) Residence, No. 4504 Chouteau St., 18 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Friedericka Bressmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5 1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	IF LESS THAN 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Robt. Tavern</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>George Bressmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Friedericka Bressmer</u> <u>4504 Chouteau Av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Sept 21 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Walt Brock &amp; Co.</u> <u>2929 Jefferson Av.</u>		
20. FILED <u>21</u> 1935 <u>19</u> <u>J.P. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
Last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:55 P.M.  
The principal cause of death and related causes of importance were as follows:  
Gunshot wound of head (self-inflicted) and lacerated wrist at residence  
Date of onset

Other contributory causes of importance:  
167

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide of..... Date of injury 9/18 1935  
Where did injury occur? St. Louis Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Gunshot & lacerated wrist  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Harold Gehring M. D.  
Dep. for  
(Address) 913

