

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 5011 N. Broadway)
St. Ward

13227

File No.
Registered No. **3311**
St. Ward

2. FULL NAME

Herman Bremer Jr.
(a) Residence, No. 5011 N. Broadway St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 52 yrs. — mos. — da. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed Husband Auguste Bremer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 7 26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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) March 1927
11. Total time (years) spent in this occupation 55 yrs

OCCUPATION
MOTHER
FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
13. NAME Unknown Bremer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany
17. INFORMANT Herman Bremer Jr.
(ADDRESS) 5011 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL PLACE Widows DATE May 27, 1936
19. UNDERTAKER (ADDRESS) Widows & Sons
312 N. 20th
20. FILED MAR 27 1936
J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Mar 24, 1936
I last saw him alive on Mar 24, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial Chronic
Date of onset
930
Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Cholesterol 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) M. J. Quinn, M. D.
(Address) 3602 W. Illinois Ave. St. Louis

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.

WHITE PLAIN; WITH CHARGING INFORMATION IS A PERMANENT RECORD

Howell / 2

Allen Bldg

Grant & H. Corporation