

JAN 10 1937

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

Do not use this space.

791  
1008

47044

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City Saint Louis, Missouri, No. St. Anthony Hospital, ..... Ward)

File No. ....  
Registered No. 12871  
St. .... Ward)

2. FULL NAME Minnie Bremer.

(a) Residence, No. 3528 Connecticut Street, St. 16 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6th, 1885.</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>9</u>	DAYS <u>22</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>House-Work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Louis, Missouri.</u>
	13. NAME <u>August Bremer</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Helen Juergensmeyer.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT (ADDRESS) Helen Bremer 3528 Connecticut Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S.S. Peter & Paul, December 31st, 1936

19. UNDERTAKER (ADDRESS) Zigunheim Bros. 2623 Cherokee Street.

20. FILED DEC 30 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 28, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1936, to Dec. 28, 1936  
I last saw her alive on Dec. 28, 1936. Death is said to have occurred on the date stated above, at 4:27 P.M.

The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage Date of onset 12/28/36

Other contributory causes of importance:  
1) Arteriosclerosis (old)  
2) Chr. Nephritis from 3-4 yrs.  
3) Hypertension History 3-4 yrs.

Name of operation None Date of .....  
What test confirmed diagnosis laboratory Was there an autopsy? No.

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) Thomas M. Luck, M. D.  
(Address) 3547 W. Young

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.

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100

100 - 100