

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.....)

Registration District No. FEB 8 1937 791
Primary Registration District No. 1003
City Sanitarium

File No. 4089
Registered No. 1132
St. Ward)

2. FULL NAME Frank Bremser

(a) Residence, No. 3026 Sheridan St., 21 Ward. 1
(Usual place of abode)
Length of residence in city or town where death occurred 51 yrs. - 15 mos. 15 ds. (If nonresident, give city or town and State)
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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9, 1886</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>-</u>
	DAYS <u>15</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>Fireman</u> <u>289</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stationery</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May, 1935</u>	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Charles Bremser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany 16
MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France 9

17. INFORMANT (ADDRESS) Harburt P Smith
5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 27, 1937

19. UNDERTAKER (ADDRESS) J. Bredeck
1500

20. FILED JAN 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24/37, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan. 20/36, 19, to Jan. 24/37, 19
I last saw him alive on Jan 24/37, 19. Death is said to have occurred on the date stated above, at 2.30 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset:
Broncho-pneumonia 1-20-37
83
Other contributory causes of importance:
General Paresis 1-1936

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?..... 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) Harburt P Smith, M. D.
(Address) 5400 Arsenal

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 PRINTING WITH RECORDING INK—THIS IS A PERMANENT RECORD

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