

APR 9 1937

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.....

Township.....

Primary Registration District No.....

City St. Louis(No. 4035 Gratiot Sts.)

St. Ward)

791
1003

10628

File No.

Registered No. 3202

2. FULL NAME

Adelaide Bremerich(a) Residence, No. 4035 Gratiot St., St. 18 Ward.

(Usual place of abode)

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhiteWidowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJoseph Bremerich6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Housework

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

at home

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)

Missouri

13. NAME

August Yoch

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

Germany

15. MAIDEN NAME

Don't Know

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

Germany17. INFORMANT Miss. Marie Bremerich
(ADDRESS) 4035 Gratiot St.

18. BURIAL, CREMATION, OR REMOVAL

ST. PLACE PETER & PAUL CEM. DATE March 25/37.

19. UNDERTAKER

Jos. W. Clark

(ADDRESS)

1125 Hodiamont Ave.

20. FILED

MAR 24 1937J.P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1936, toMarch 22nd, 1937I last saw her alive on March 23rd, 1937 Death is saidto have occurred on the date stated above, at 7:25 P.M.

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

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Chronic Nephritis.
Arturo Sclerotic Scurvy

Name of operation

clinical

Date of

What test confirmed diagnosis? Physic 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)

A. Gettinger

M. D.

(Address)

2745 N. Grand Bl

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.

899

15

OLD

Dr. A.J. Gettinger,
2745 N. Grand Ave.,
Franklin 3653.

1.P.M. - 3.P.M