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.

JUL 8 - 1937

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

Do not use this space.

791

21921

1003

5673

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis Mo (No. 3036 Sheridan Ave St. ..... Ward)

2. FULL NAME Mary Bremser

(a) Residence, No. 3036 Sheridan Ave St., 21 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 Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Bremser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1852

7. AGE YEARS 85 MONTHS 5 DAYS 0 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) France

FATHER

13. NAME Charles Miller

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Charles Bremser 3036 Sheridan Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 9, 1937

19. UNDERTAKER (ADDRESS) J. J. Dwyer 1022 N. Grand Blvd

20. FILED JUN 9 1937 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9/37 1:15 P.M. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29/37, 19..., to June 9/37, 19...

I last saw her alive on June 8/37, 1937. Death is said to have occurred on the date stated above, at 1:15 m. A.M. 1937

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

Bronchial Pneumonia

Date of onset

107

Other contributory causes of importance:

Chronic Bronchitis

Name of operation X Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) E. B. Kinder, M. D.

(Address) 1422 N. Taylor Ave.