

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

35878  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **483E** **Leduc** St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **9455**

2. PRINT FULL NAME **Elizabeth Bremer**

(a) Residence, No. **4837 Leduc Ave.** St. **6**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 11, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 0 25**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) **Philadelphia Pa.**

FATHER 13. NAME **Charles Bremer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

MOTHER 15. MAIDEN NAME **Elizabeth Wright**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Germany**

17. INFORMANT **William Bremer**  
(ADDRESS) **4837 Leduc Ave., St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Zion Cemetery** DATE **October 11, 1937**

19. FUNERAL DIRECTOR **Jay B. Smith Funeral Home**  
(ADDRESS) **7456 Manchester Ave, Maplewood, Mo.**

20. FILED **OCT 11 1937** **J. Brebeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 8, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct** 19**37**, to **Oct 8** 19**37**  
I last saw h. e. alive on **Oct 8** 19**37**, Death is said to have occurred on the date stated above, at **4:15 A.M.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis** Date of onset **?**  
**Hypertension Chronic Nephritis**

Other contributory causes of importance: /

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) **L. L. Walker, M.D.** M. D.  
(Address) **4425 Nat. Bridge, Bond**

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.

NOV 15 1937

4425  
Warden

STATEMENT BY LICENSED EMBALMER

I, John Ketter Licensed Embalmer No. 3880  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)