DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis
Township: Clayton
City: Clayton
Registration District No.: 790
Primary Registration District No.: 6033a
(No. St Louis County Hospital St. Ward)
File No.: 42456
Registered No.: 433

2. FULL NAME: William Bremerkamp
(a) Residence, No. 2401 Big Bend Rd. Maplewood, Mo. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

96 2 7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-2-1867

7. AGE: 70 Years, 1 Months, 20 Days; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil.
9. Industry or business in which work was done, as silk mill, 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): St Louis Mo.

FATHER
13. NAME: Barney Bremerkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Ella Beck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Dr. H. H. May
(ADDRESS) 2401 Big Bend Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Peter & Paul DATE: Nov. 26, 1937

19. UNDERTAKER: Keach Byrne
(ADDRESS) 2201 S. Grand Blvd.

20. FILED: 11/23, 1937 Dr. A. J. Sigwoelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-16-37, 19, to 11-22-37, 19
I last saw him alive on 11-22-37, 19. Death is said to have occurred on the date stated above, at ✓ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	
Chr Hypertensive Heart	

A3C

Other contributory causes of importance:
Pulmonary Edema

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? 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) C. D. Gendreau, M. D.
(Address) St Louis County Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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