RECD APR 13 1939

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

Do not use this space.

File No. 11850

Registered No. 124

1. PLACE OF DEATH

County Pettis

Township

City Sedalia (No. Bothwell Hosp. St. Ward)

Registration District No. 668

Primary Registration District No. 3032

2. FULL NAME EMILE HERMAN BRUEMMER

(a) Residence, No. 812 W. Henry St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1889

7. AGE: Years 49 | Months 7 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) April 1939

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa Missouri

FATHER

13. NAME Albert Bruemmer

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

MOTHER

15. MAIDEN NAME Annie Stuckenschneider

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

17. INFORMANT Mrs. Emile Bruemmer
(ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 4/8 1939

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia

20. FILED 4-8- 1939 Mrs Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1939, to April 6, 1939. I last saw him alive on April 6, 1939. Death is said to have occurred on the date stated above, at 3:45 A. m.

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

	Date of onset
Apoplexy Cerebral Hemorrhage	April 5 1939

Other contributory causes of importance:

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? No

If so, specify .....

(Signed) A. L. Walter, M. D.

(Address) Sedalia Mo

F06

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.