

APR 23 1942
Registration District No. 25

Primary Registration District No. 6580

Registrar's No. 14-15

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Rural Mercersburg Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Dittmer Mo 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Entire lifetime (Specify whether years, months or days) 57 yrs 9 mo 26 d

3. (a) PRINT FULL NAME BERTHA CHARLOTTE MARIE BRAMERLOH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 29 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Dittmer - Jeff Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House W. opk

11. Industry or business Ases pt Home

12. Name Herman Bramerloh

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Weber

15. Birthplace St Louis Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Bramerloh

(b) Address Dittmer Mo

17. (a) Burial (b) Date thereof Feb 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Martin's Pky Dittmer Mo

18. (a) Signature of funeral director Paul Brummer

(b) Address House Springs Mo

19. (a) 27 Feb 1942 (b) James A. Povarsine
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Dittmer Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1940 hour 11 minutes 55² A.M.

21. I hereby certify that I attended the deceased from April 30 1936 to Feb 4 1940
that I last saw h. on alive on Feb 4 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 6 years after on

Due to 2 second attack

Was jointly attend. by Dr. Johnson of Leadon, Mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: Thrombosis of arteria fall. Arterio

Of operations Thrombosis of

Of autopsy Arterio

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? at home county
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3

While at work? _____ (Specify type of place) (e) Means of injury Walking

23. Signature John F. Roesser (M. D. or other)

Address Dittmer Mo. Date signed 2-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1948
10-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

Signed

John H. Brimmer

Licensed Embalmer No. *1470*

P. O. Address

Home Springs Mo

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.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11429

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 425-

Primary Registration District No. 5580

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRIMARY FULL NAME Bertha Charlotte Marie Gramer

19. MEDICAL CERTIFICATION
20. DATE OF DEATH Month Feb day 25
year 1940 hour _____ minute _____ M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced B

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above
Immediate cause of death 72 rephritis duration

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 9 26 hr. min.

Due to Bacillus - 2d attack
was jointly attended by Dr. Edwards

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation _____

Due to 131

11. Industry or business _____

Other conditions: (Include pregnancy within 3 months of death)
fract. of Femur due to fall

12. Name _____

Major findings: Of operations _____

13. Birthplace: (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name _____ (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant _____

22. If death was due to external causes, fill in the following:

(b) Address _____

(a) Accident, suicide, or homicide (specify) no

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(b) Date of occurrence fract. neck of femur

(c) Place: burial or cremation _____

(c) Where did injury occur? at home (City or town) (County) (State)

18. (a) Signature of funeral director _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home, fell on the lawn, crippled arm!

(b) Address _____

While at work? no (Specify type of place) (c) Means of injury prevented by railing on fall

23. Signa John F. Raaser (M. D. or other) _____

Address Dutton State signed _____

SUPPLEMENTAL

11429 (1940)