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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34532

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4048

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Research Hospital (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution 10 Days (Specify whether

In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7328 Brooklyn Avenue (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mr. William C. Bremer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Ella M. Bremer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 21 (Day) 1870 (Year)

8. AGE: Years 70 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Lafayette (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Stone Contractor 6

11. Industry or business [illegible]

FATHER
12. Name Henry Bremer 1
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary T. Breno
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Gracia G. Bremer

(b) Address 7328 Brooklyn Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-22-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1940 hour 7 30 minute a M.

21. I hereby certify that I attended the deceased from Feb. 14, 1939, to Oct 21, 1940 that I last saw him alive on Oct 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	3 mo
Due to Hypertension and arteriosclerosis	years
Due to Fall at home Oct 7-4 Fract Ribs	weeks
Other conditions (Include pregnancy within 3 months of death) 186 W.	
Major findings: Of operations 18	
Of autopsy	

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) partially due to accident

(b) Date of occurrence Oct 7-1940. Fall in home

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

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

While at work? no (e) Means of injury Fall in bath

23. Signature Robert H. Davis 1 (M. D. or other)

Address 820 Prof Bldg Date signed 10/21/40

(Licensed Embalmer's Statement on Reverse Side)

#20 Professional Bldg
11-4

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K C 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.