

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36300

State File No. _____

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2030

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CARL W. BREDEMEYER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-12-1555

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Bredemeyer 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased December 31 1916
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 24 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Eternit Company

12. Name Harry Bredemeyer

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Charles Schneider

(b) Address 2019 a E. Grand Blvd.

17. (a) burial (b) Date thereof Oct- 30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A. K. R. R. U. Co.

(b) Address 2308 N. Grand Blvd.

19. (a) Oct 29 1940 (b) DR. M. J. M. J. M. J.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 a E. Grand Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1940 hour 11 minute 30 p.m.

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 Automobile Collision while riding as a passenger in auto

Due to automobile 10/15/40

Due to fracture of the skull 10/15/40

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 210922

Of autopsy 7-2

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) Accident

(b) Date of occurrence Oct 15 1940

(c) Where did injury occur? St. Louis County Co
(City or town) (County) (State)

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

707 900 Public Place

While at work? _____ (Specify type of place)

Means of injury Automobile

23. Signature John J. M. J. M. J. (M. D. or other)

Address St. Louis County Co Date signed 10/27/40

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

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.....

Paul F. Knollenberg

Licensed Embalmer No. *3631*

P. O. Address *2707 N. Swan*

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, fact should be so stated above.