V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12443
Registrar's No. 4006

Registration District No. 701
Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4628 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4628 St. Louis Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William B. Bremer
3. (b) If veteran, name war
3. (c) Social Security No. 714-10-9039
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Bremer
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. (Month) 2 (Day) 1882 (Year)

8. AGE: Years 60 Months 3 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business American Express Co.
FATHER
12. Name Henry Bremer
13. Birthplace O Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Salthaus
15. Birthplace O Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Bremer
(b) Address 4628 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) MAY 5 1942 (Date received local registrar) (b) J. F. Bideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 3 day 3 year 1942 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from April 27-42, 1942 to May 3, 1942 that I last saw him alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endocarditis	6 days
Due to Interstitial Nephritis	1½ years
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

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) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature O. E. Snow (M. D. or other)
Address 5098 Delmar Date signed May 4-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. B. Prince
5099 - Delmar
10-12 & 3-5
Fo. 0955

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address .....

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.