

FILED MAY 25 1942
793

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)

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. 2801 Accomas St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie S. Bredemann

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Bredemann 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 7 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John Samuel
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sapp
15. Birthplace Virginia
(City, town, or county) (State or foreign country)
16. (a) Informant Edward Bredemann Virginia

(b) Address 2801 Accomas St. St. Louis, Mo.
17. (a) Burial (b) Date thereof May 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John A. Benteman

(b) Address 5631 Thrush Ave

19. (a) MAY 19 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17, year 1942 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from April 25, 1942 to May 17, 1942 that I last saw her alive on May 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon

Due to metastasis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration

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

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

23. Signature Chas. K. Brunk (M. D. or other)
Address 1515 Lafayette Ave. Date signed 5/18/42

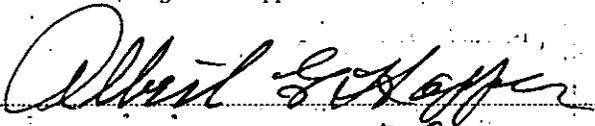
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

Licensed Embalmer No. 2971.....

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.