

FILED AUG 19 1942

State File No. ....

Registration District No. 660 157

Primary Registration District No. 5878 5874

Registrar's No. 53

79  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Brazou (1/2)

(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 59-5-10 (Specify whether years, months or days)

In this community 59-5-10

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Rural

(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Fred V. Bremer

3. (b) If veteran, name war ..... 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 Lydia Bremer 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Feb. 16 1883

8. AGE: Years Months Days If less than one day

59 5 10 hr. min.

9. Birthplace Perry Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Henry Bremer

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Margarete Meyer

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant Lydia Bromer

(b) Address Frohna Mo.

17. (a) Burial (b) Date thereof July 30 1942

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frohna Mo.

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville Mo.

19. (a) 7-29-42 (b) O. F. Bremer

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 26 1940 to July 26th 1942 that I last saw him alive on July 24th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to General Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy

Duration

1 year

4 years

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 Theodore Euber (M. D. or other) M. D.

Address Altamora, Mo Date signed 7/28/42

RECEIVED

District Health Officer No. 4

District File Number 842-1086

Date Filed 8-14-42

---

**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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Md

**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.**