

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1943

Registration District No. 118

Primary Registration District No. 5438

Registrar's No. 37

1. PLACE OF DEATH:

(a) County. GASCONADE
(b) City or town. RURAL. BRUSH CREEK
(c) Name of hospital or institution:
OAK HILL ROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. OVER 50 YRS.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRIETTA BREMSE

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 WIDOWED

6. (b) Name of husband or wife. HENRY BREMSE 6. (c) Age of husband or wife if alive. DEAD years

7. Birth date of deceased. SEPTEMBER 15, 1855.
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 28 If less than one day - hr. - min.

9. Birthplace. GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSE WORK.

11. Industry or business.

12. Name. PAUL WANDERSEE

13. Birthplace. GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name. ✓

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

16. (a) Informant. HERMAN BREMSE

(b) Address. OAK HILL, Mo. ROUTE 1

17. (a) BURIAL (b) Date thereof April 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEM. EVANGELICAL CEM.

18. (a) Signature of funeral director. W. S. Lott

(b) Address. Owensville, Mo.

19. (a) April 15 1943 (b) Myrtle M. Winkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. OAK HILL, MO. ROUTE 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13
year 1943 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from March 29 1943 to Apr 13 1943
that I last saw him alive on Apr 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Hardening of arteries

Due to 97

Due to 97

Other conditions. Old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy. No

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 Edw. Mellis (M. D. or other) 0
Address Owensville Mo Date signed April 14 1943

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 Mr.
....., Registered Apprentice No.
working under my personal supervision.

Signed

Wilford H. H. Winters

Licensed Embalmer No.

3838

P. O. Address

Owensville 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, fact should be so stated above.