

FILED SEP 11 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell, Mo.
(c) Name of hospital or institution Home
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Bremicker

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 17 - 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business _____

12. Name Carl Bremicker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emily Steyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alvena Crain
(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof 8-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Mo.

19. (a) 8-10-1945 (b) Mrs. L.P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1945 hour _____ minute 9:15 P.M.

21. I hereby certify that I attended the deceased from July 1
1945 to Aug 13 1945
that I last saw him alive on Aug 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage Duration _____

Due to Ruptured Aortic Aneurysm

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 30

Of autopsy _____

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) Means of injury _____

23. Signature H. J. Fudge (M. D. or other) MD
Address Campbell, Mo. Date signed 8/14/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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6

RECEIVED

District Health Office No. 2

District File Number 945-3008

Date Filed 9-8-45

SEP 12 1945

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 *Christina M. Lender*
Licensed Embalmer No. *4227*
P. O. Address *Campbell, 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.