

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED DEC 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37265**
Registrar's No. **385**

Registration District No. **146**

Primary Registration District No. **5-5-683024**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2215 Harvard /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 2 years (years, months or days)

3. (a) PRINT FULL NAME JOHN FREDERICK BREDEMEIER

3. (b) If veteran, name war None

3. (c) Social Security No. 490-24-3828

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen E. Bredemeier

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 9th 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>4</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Gibson County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Sheffield Steel Corp.

11. Industry or business

12. Name Henry Bredemeier

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

14. Maiden name Mary Krieteimer

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

16. (a) Informant Helen E. Bredemeier

(b) Address 2215 Harvard

17. (a) burial (Burial, cremation, or removal) **(b) Date thereof** 11-16-46
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Missouri

19. (a) 11-20-46 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2215 Harvard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 13
year 1946 hour 11:25 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Shot wound of chest

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 1640

Of operations _____

Of autopsy yes as above

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) suicide

(b) Date of occurrence 11-13-46

(c) Where did injury occur? Independence Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home
(Specify type of place)

While at work? no (e) Means of injury H. I. shot gun

23. Signature [Signature] (M. D. or other) Dr. [Signature]

Address 1424 W. 11th Date signed 11-13-46

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(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1947

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.....

John Pasley

Licensed Embalmer No. *4308*

P. O. Address *Independence, 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.