S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28883

FILED SEP 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8050

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1825 Lawrence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community
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. 1825 Lawrence
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J. Bremser
3. (b) If veteran, name war
3. (c) Social Security No. 496-22-1779

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary C. Bremser
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 31. 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	22	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Commercial Artist
11. Industry or business

MOTHER FATHER
12. Name Charles J. Bremser
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace France (City, town, or county) (State or foreign country)

16. (a) Informant Mary Bremser
(b) Address 1825 Lawrence
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
AUG 25 1947
19. (a) (Date received local registrar) (b) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1947 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feby 24, 1946 to Aug 23, 1947 that I last saw him alive on Aug 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Aneurysm	2
Due to Lues —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (e) Means of injury

23. Signature Paul Vinyardus M.D.
Address 3718 A Olive St. Date signed 8-25-47
St Louis 8 Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 H P Burgess

Licensed Embalmer No. 4029

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.