

Registration District No. **21** Primary Registration District No. **5108**

1. PLACE OF DEATH:

(a) County **Benton**
Cole Camp Rural Williamstownship
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3 1/2 Miles South West of Cole Camp Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **35 Years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri **Benton**
 (a) State _____ (b) County _____
 (c) City or town **Cole Camp Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3 1/2 Miles South West Cole Camp**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs Anna Bremer**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **11**
 year **1948** hour **6** minute **30 P** M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **William Bremer** (c) Age of husband or wife if alive **71** years
 7. Birth date of deceased **February 22nd 1880**
 (Month) (Day) (Year)
 8. AGE: **67** Years **10** Months **19** Days
 If less than one day _____ hr. _____ min.

21. I hereby certify that I attended the deceased from **9-27-45**
 to **1-10-48**
 that I last saw her alive on **1-10-48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial Failure**
Hypostatic Pneumonia
 Due to _____
 Due to _____

9. Birthplace **Freistat Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **III**
 Of operations _____
 Of autopsy _____

MOTHER FATHER {
 11. Industry or business _____
 12. Name **William Meinert**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Caroline Wickert**
 15. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant **William Bremer**
 (b) Address **Cole Camp Mo**
 17. (a) **Burial** (b) Date thereof **Jan 14, 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Trinity Lutheran Cemetery**
 18. (a) Signature of funeral director **E K Eichhoff**
 (b) Address **Cole Camp Mo**
 19. (a) **1-13-1948** (b) **E K Eichhoff**
 (Date received local registrar) (Registrar's signature)

23. Signature **J. W. Moreland** (M. D. or other) **Dr.**
 Address **Cole Camp, Mo** Date signed **1-13-48**

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

RECEIVED

District Health Officer No. 7,

District File Number 1-48-58

Date Filed 2-13-48

APR 23 1954

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.