

STANDARD CERTIFICATE OF DEATH

4471

No. 300
10.48

State File No. 4190

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4188		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Bland		c. LENGTH OF STAY (In this place) 8 months		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Bem			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Herman		a. (First)		b. (Middle)		c. (Last) Bremsa	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-23-1874	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bem, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Bremsa		13b. MOTHER'S MAIDEN NAME Bertha Pietraschke		14. NAME OF HUSBAND OR WIFE Emma Piottter Bremsa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Amelia Russell Owensville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic Pneumonia - both bases 6 mos. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation 1 wk. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma 43 yrs. INTERVAL BETWEEN ONSET AND DEATH 5 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-22, 1949, to 2-24, 1949, that I last saw the deceased alive on 2-24, 1949, and that death occurred at 4 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul Bremser M.D.				23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 2-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-1949		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Bem, Mo.	
DATE REC'D BY LOCAL REG Feb. 26, 1949		REGISTRAR'S SIGNATURE Dorothy Hackman		363 FURNERAL DIRECTOR'S SIGNATURE Mifford N. H. Winter		ADDRESS OWENSVILLE	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District No. 9,
3-7-49

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

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed Myford H. H. Vanter

Licensed Embalmer No. 3831

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.