No. 300
30.46

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16697

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland 1 mile East Florence
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Twp
d. STREET ADDRESS (If rural, give location): 1 miles east of Florence

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Louise c. (Last) Bremer
4. DATE OF DEATH (Month) (Day) (Year): May - 14 - 1949
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 2-1878
9. AGE (In years last birthday): 70 — If under 1 year: Months 6, Days 12 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Morgan Co Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Christian Rodenberg
13b. MOTHER'S MAIDEN NAME: Margaret Mertgen
14. NAME OF HUSBAND OR WIFE: William Bremer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Edwin Bremer ADDRESS: Florence Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Intertrochanteric Fr. Rt hip. — 4500

19a. DATE OF OPERATION: 2-21-49
19b. MAJOR FINDINGS OF OPERATION: Insertion of Smith Peterson Nail
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 17 49 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall

22. *I hereby certify that I attended the deceased from* Feb - 17 -, 1949, May - 14 -, 1949, *that I last saw the deceased alive on* 5 - 13 -, 1949, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: P V Siegel (Degree or title) MD
23b. ADDRESS: Smithton Mo
23c. DATE SIGNED: May 14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17-49
24c. NAME OF CEMETERY OR CREMATORY: Florence
24d. LOCATION (City, town, or county) (State): Florence Mo

DATE REC'D BY LOCAL REG.: May 18th 1949.
REGISTRAR'S SIGNATURE: Wm. L. Ripperger
25. FUNERAL DIRECTOR'S SIGNATURE: A. F. Neumeyer ADDRESS: Smithton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 4:4957
Date Filed 5-93-4

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 .....
..... Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed A. F. Neuenyer

Licensed Embalmer No. 3912

P. O. Address Smithton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.