

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27904
7426
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 318		Registrar's No. 1003	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis County			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp. 11				d. STREET ADDRESS (If rural, give location) Prigge Lane, Baden Station			
3. NAME OF DECEASED (Type or Print) a. (First) Herman		b. (Middle) N.		c. (Last) Bruemmer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 6, 1906	
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Security Fire Door		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Anthony Bremmer		13b. MOTHER'S MAIDEN NAME Mary Toebben		14. NAME OF HUSBAND OR WIFE Lillian Bruemmer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 493-07-3553		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Bruemmer Baden Station Rt3 Bx298			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gram abscess ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Osteomyelitis of mandible DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mo 1 yr	
19a. DATE OF OPERATION 8-23-49		19b. MAJOR FINDINGS OF OPERATION Same				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 154			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7200			
22. I hereby certify that I attended the deceased from Aug 22, 1949, to Aug 25, 1949, that I last saw the deceased alive on Aug 24, 1949 and that death occurred at 10:10 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert W. Woodley, M.D.				23b. ADDRESS 16 Hampton Village Road		23c. DATE SIGNED 26 Aug 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. AUG 26 1949		REGISTRAR'S SIGNATURE J B Fossett		25. FUNERAL DIRECTOR'S SIGNATURE Street + Canell 4600 Nat'l Bldge		ADDRESS _____	

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

057-21957

SEP 7 1949

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

Bene Hoffman
Licensed Embalmer No. *4366*
P. O. Address *New York*

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

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