

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2889

State File No. 0907

ED FEB 11 1953

318

1003

BIRTH NO. 4291 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MASSAC	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) METRO POLIS 8120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rural Route #3 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) BREMER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 23, 1953		
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JANUARY 23, 1953	9. AGE (In years last birthday) 1	10. UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE - INFANT		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME EDWIN BREMER	13b. MOTHER'S MAIDEN NAME STRATEMEYER	14. NAME OF HUSBAND OR WIFE NIL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME EDWIN BREMER, Metropolis, Illinois	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ERYTHROBLASTOSIS		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) PREMATURITY ( 28 WEEKS GESTATION) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7705

22. I hereby certify that I attended the deceased from JANUARY 23, 1953, to JANUARY 23, 1953, that I last saw the deceased alive on JANUARY 23, 1953 and that death occurred at 11:25 m.; from the causes and on the date stated above.

23a. SIGNATURE C. Vermillion M.D.	23b. ADDRESS 600 S. Kingshighway	23c. DATE SIGNED 1/23/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-24-53	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Metropolis, Illinois
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DATE REC'D BY LOCAL JAN 26 1953	REGISTRAR'S SIGNATURE Albert H. Hoppe	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
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(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

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working under my personal supervision.

Student Embalmer No. ....

Signed

*Lawrence H. ...*  
NO EMBALM

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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.