

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15312**  
Registrar's No. **140**

FILED JUN 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>919 W. McCarty</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>919 W. McCarty</b>			

3. NAME OF DECEASED (Type or Print) <b>George Theodore Bremmerkamp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1954</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 29, 1899</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR <b>0</b> Months <b>15</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Labor Leader J.C.Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Richard Bremmerkamp</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Katherine Bremmerka</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, or unknown) <b>No</b>		16. SOCIAL SECURITY # <b>490-0904973</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Katherine Bremmerkamp</b>		ADDRESS <b>J.C.Mo.</b>	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion of heart</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Arteriosclerotic Cardiovascular Disease</b>				<b>2 yrs</b>	
		<b>DUE TO (c) Coronary Artery</b>				<b>2 yrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary Artery</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **May 8, 1954**, to **May 14, 1954**, that I last saw the deceased alive on **May 14, 1954**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. B. Klebla M.D.</b>		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>5-15-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 14, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hartsburg, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>May 24 - 1954</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis M.D. - M.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Doctor Brascher</b>		ADDRESS <b>Jefferson City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1956  
F MAR

FEB 21 1956

**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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Person City, Mo*

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

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