

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8325**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **17K**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 315 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) HERMAN	b. (Middle) BREMERMAN	c. (Last) BREMERMAN	(Month) (Day) (Year) March 10, 1956

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 4, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR: Months 4 Days 6	IF UNDER 4 HRS. Hours 3 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier, ret.	10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Benard Bremermann	13b. MOTHER'S MAIDEN NAME Wilhelmina Luckman	14. NAME OF HUSBAND OR WIFE Norine M. Bremermann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-13-3216	17. INFORMANT'S SIGNATURE OR NAME Benard Bremermann	ADDRESS Cape Girardeau, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Bodily Injuries - severe Shock, irreparable ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of pelvis Multiple rib fractures DUE TO (c) Cerebral Concussion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe generalized arteriosclerosis - years		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
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19a. DATE OF OPERATION 10 March 1956	19b. MAJOR FINDINGS OF OPERATION Tracheotomy	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #25	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Dexter, Mo. Stoddard Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 8 1956 1 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from **29 March, 1956**, to **10 March, 1956**, that I last saw the deceased alive on **10 Mar**, 1956, and that death occurred at **7:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. G. Zentgraf MD	23b. ADDRESS 1912 Broadway, Cape Girardeau, Mo.	DATE SIGNED 12 March 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE O. G. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home	ADDRESS Cape Girardeau, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 27 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.....
Signature of Student Embalmer

Signed *Virgil H. Hebert*.....
Licensed Embalmer No. *410*.....

P. O. Address *Cape Girardeau*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.