

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041267

STATE FILE NUMBER

FILED NOV 30 1959 76

Registration District No. 4412 Registrar's No. 41

ENDED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		Length of stay in 1b 80yrs		c. CITY OR TOWN St. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION None			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 303 E. Hwy 66		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Charles Middle Bremer Last Bremer				4. DATE OF DEATH Month Nov Day 21 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct 23, 1879		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 0 Days 28		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant				10b. KIND OF BUSINESS OR INDUSTRY Mercantile		11. BIRTHPLACE (City and state or country) St. James, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Charles Bremer				13b. MOTHER'S MAIDEN NAME Elizabeth Goff				14. NAME OF HUSBAND OR WIFE Mayme Bremer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 495-30-3344		17. INFORMANT Mayme Bremer Address 303 E Hwy 66 St. James, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH Subsue			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4-5-54 to 11-21-59 and last saw ^{her} him alive on 11-21-59 . Death occurred at 6:45 ^o 11-21-59 on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deceased or title) Jesse Gahr						22b. ADDRESS St. James, Mo.			22c. DATE SIGNED 11/23-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov 24, 1959		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery				23d. LOCATION (City, town, or county) (State) St. James, Missouri					
24. FUNERAL DIRECTOR Jesse Gahr Address 2005. 7th Ave. St. James, Mo.					25. DATE RECD. BY LOCAL REG. 11-23-1959			26. REGISTRAR'S SIGNATURE Ruth B. Powell					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6561 7 010 SA
NO DEC 4 1959

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

C. Jesse Gahr

Licensed Embalmer No. *4486*

P. O. Address *St. James*

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.