

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001054

STATE FILE NUMBER

AMENDED

Registration District No. 119Primary Registration District No. 5435Registrar's No. 14

FILED JAN 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Boeuf

Length of stay in 1b

20 days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

admission)

c. CITY  
OR  
TOWN

Berger RFD

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

9 1/2 M.S.W. OF Berger

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

LOUISE

Middle

UNKNOWN

Last

BREDEMEYER

4. DATE  
OF  
DEATH

Month

Jan

Day

23

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

May 21, 1880

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

8

Days

2

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

## 10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

## 11. BIRTHPLACE (City and state or country)

Berger RFD Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Bredemeyer

## 13b. MOTHER'S MAIDEN NAME

Minnie Roethemeyer

## 14. NAME OF HUSBAND OR WIFE

never married

## 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.

None

## 17. INFORMANT

Address

Mr. George Bredemeyer, Berger, Mo RFD

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Lobar pneumonia, organism unknown

## INTERVAL BETWEEN ONSET AND DEATH

3 days

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)

Arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 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.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 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

1-3-62

to 1-23-62

and last saw her alive on 1-22-62

## Death occurred at

1:15 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Carol T. Shaw, M.D.

## 22b. ADDRESS

Hermann, Mo.

## 22c. DATE SIGNED

1-23-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Jan 25, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Immanuel Cemetery

## 23d. LOCATION (City, town, or county)

Berger, RFD

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Paul H. Blumer Berger Mo

## 25. DATE RECD. BY LOCAL REG.

1-29-62

## 26. REGISTRAR'S SIGNATURE

Delma Uffelman

(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 ORVAL GRONER Student Embalmer No. 641  
working under my personal supervision.

Student

Orval Groner  
Signature of Student Embalmer

Signed

August D. Danner

Licensed Embalmer No.

3160

P. O. Address

Herrmann Mo

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.