

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

43233

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **3008**

City..... (No. ....)

File No. ....

Registered No. **12539**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2622 N. 21st** St., **26** Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 12<sup>th</sup> 1928**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
		<b>4</b>	<b>10</b>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **None**  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

10. NAME OF FATHER **Harry Bredemeyer**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

12. MAIDEN NAME OF MOTHER **Lena Christian**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

14. INFORMANT **Harry Bredemeyer** (Address) **2622 N. 21st**

15. FILED **DEC 23 1928** **May O'Halloran** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 22 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 20 1928** to **Dec 22 1928**, and that I last saw him alive on **Dec 20 1928**, and that death occurred, on the date stated above, at **5:15 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**acute Bronchitis**  
**106 E**

CONTRIBUTORY (SECONDARY) **MA**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF  
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **George Scheller**, M.D.  
**Dec 23 1928** (Address) **1502 St Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mount Carmel Rm** DATE OF BURIAL **Dec 24 1928**

20. UNDERTAKER **The Lueders Und. Co.** ADDRESS **N. Market**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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