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

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.

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

Do not use this space. 41951

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 11057

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. City Hospital St. ..... Ward)

#15459

2. FULL NAME Wm. Breammer

(a) Residence, No. 216 E. Marceau St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 - 1869

7. AGE: YEARS 63 | MONTHS 2 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Henry Breammer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Katherine Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Dec 15 1932

19. UNDERTAKER (ADDRESS) E. J. Lehnus 3 12 15 Lafayette Av.

20. FILED DEC 13 1932 19 Alex C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1932, to Dec. 13th, 1932

I last saw him alive on Dec. 13th, 32 Death is said to have occurred on the date stated above, at 12.35A

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Rt upper) 108 93C 108

Date of onset

Other contributory causes of importance:

Chr. Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice A. Diehr, M. D.

(Address) City Hosp #1