

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.

REC'D APR 12 1939

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

8756  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... 791  
 (b) Township..... Primary Registration District No..... 1008  
 or St. Louis  
 (c) City..... (d) Street No. 2736 Henrietta St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** William Charles Bremer

(a) Residence, No. 2736 Henrietta St. St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 88 1 28 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Postal Clerk  
 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) Missouri

FATHER 13. NAME Charles E. Bremer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Louisa Reich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Julia Bremer (ADDRESS) 2736 Henrietta St

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE March 18 1939

19. FUNERAL DIRECTOR (NAME) Peetz Brothers (ADDRESS) 3029 Lafayette Ave

20. FILED MAR 16 1939 J. F. Budach Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31st 1938 to March 15th 1939  
 I last saw him alive on March 15th 1939. Death is said to have occurred on the date stated above, at 4:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

*Uremia caused by chr. nephritis*  
 108  
 Date of onset 3/8/39

Other contributory causes of importance:  
*Lobar Pneumonia TYPE 13* 4/29/39

Name of operation..... Date of.....  
 What test confirmed diagnosis? TYPING Was there an autopsy? *AY*

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) *E. Devin J. Frankel*, M. D.  
 (Address) 3635 *As. Secretary*

1-3

Mar. 8 1954

Dr. E. L. Friedrich  
3135 N. Newmarket

**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.....

....., Registered Apprentice No. 2245

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**