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F15500  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4415

State File No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **1245**

FILED MAR 2 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hrs.  
(Specify whether  
In this community 4 hrs  
years, months or days)

8. (a) PRINT FULL NAME **656**  
Baby Bremer

3. (b) If veteran, name war No  
8. (c) Social Security No. None

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 6, 1940  
(Month) (Day) (Year)

8. AGE: Years -- Months -- Days  
If less than one day 4 hrs  
hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Stanley Bremer

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Thum

15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Thum Oscar Thum

(b) Address 2518a S. Broadway

17. (a) Burial (b) Date thereof 2/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) FEB 7 1940 (b) J. T. Baudouin  
(Date received local registrar) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2518a S. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7,  
year 1940 hour 1:50 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from February  
6, 1940 to February 7, 1940;  
that I last saw him alive on February 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature H. M. Fitch (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Date signed 2/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
working under my personal supervision.

*Not embalmed*  
Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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