

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22889**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1198**

**1. PLACE OF DEATH:**  
 (a) County St Louis **2**  
 (b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6436 Ridge Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St Louis  
 (c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6436 Ridge Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Louisa Brammer 656  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 23  
 year 1940 hour 12 minute 45 P. M.  
**21. I hereby certify that I attended the deceased from** July 18  
 \_\_\_\_\_, 1936 to June 23, 1940  
 that I last saw her alive on June 23, 1940  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William Brammer  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 22 1858  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage  
 Due to Arterio-sclerosis **Duration** 1hr  
 Due to stroke  
 Other conditions stroke  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	81	8	1	hr. min.

9. Birthplace G Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

**MOTHER FATHER**  
 { 12. Name Carl Krieger  
 { 13. Birthplace Germany  
 { 14. Maiden name Wilhelmina Trinstmeyer  
 { 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Lydian Brammer  
 (b) Address 6436 Ridge Ave

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof June 26 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Western Lutheran Cemetery

(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? \_\_\_\_\_

18. (a) Signature of funeral director Beiderwieden Funl Home Inc  
 (b) Address 1936 St Louis Ave

(Specify type of place) \_\_\_\_\_  
(e) Means of injury

19. (a) JUN 24 1940 (b) D. H. Meyer M.D. J. D. H.  
(Date received local registrar) (Registrar's signature)

23. Signature D. H. Meyer (M. D. or other) \_\_\_\_\_  
 Address 4963 Prumstein Date signed 6/24/40

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.

Signed.....

Licensed Embalmer No. *3737 P.*

P. O. Address. *1936 St. James*

**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.**

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