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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 97

FILED FEB 24 1942

Registration District No. 1

Primary Registration District No. 1003

Registrar's No. 807

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3937 Kossuth
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3937 Kossuth. D
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Aaron H. Bramer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Watson Bramer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 2, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	2	22	hr. min.

9. Birthplace Hustisford (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Henry Bramer
13. Birthplace (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Rose Bramer
(b) Address 3937 Kossuth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1942 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Sclerosis
Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature Alfred Perry 3 (M. D. or other)
Address Cupid Corner Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

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: [illegible]

Licensed Embalmer No. 2245

P. O. Address 416 N. Bridge ave.

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, fact should be so stated above.