

FILED APR 20 1942 791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 0

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(c) Name of hospital or institution.....
3528 Connecticut Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 1 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME..... **Helen Bremer**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed.**

6. (b) Name of husband or wife..... **August Bremer** 6. (c) Age of husband or wife if alive..... years **1st, 1856**

7. Birth date of deceased..... **November 1st, 1856**
(Month) (Day) (Year)

8. AGE: 85 Years 5 Months 10 Days If less than one day
hr. min.

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

10. Usual occupation **House-Wife**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Germany**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank V. Bremer**

(b) Address **8255 Clemens**

17. (a) **Burial** (b) Date thereof **April 13, 1942.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Zegenhous Bros.**

(b) Address **324 109 Gravois Ave.**

19. (a) **APR 12 1942** (b) **J. E. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town..... **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3528 Connecticut**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11th,**
year **1942.** hour **6** minute **5** A. M.

21. I hereby certify that I attended the deceased from **Mar 7**
19**42** to **April 11** 19**42**
that I last saw **her** alive on **April 10** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis** Duration **5 yrs**

Due to **Arterio Sclerosis** Duration **10 yrs**

Other conditions **Chr. Myocarditis** 5 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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) Means of injury.....

23. Signature **Thos E. M. Sisk** (M. D. or **D.**)

Address **324 Wyoming** Date signed **4/11/42**

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

079

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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

P. O. Address *6409 Chavois*.....

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.