

FILED SEP 21 1943

318

State File No. _____
Registrar's No. 8139

Registration District No. _____ Primary Registration District No. 1003

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: ST JOHNS HOSPITAL
(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)

8. (a) PRINT FULL NAME BABY BREMERKAMP

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced — 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 9 - 18 - 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min. _____

9. Birthplace ST LOUIS MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Fred Bremerkamp

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

14. Maiden name Stacy Morris

15. Birthplace Malcom Mo D
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Bremerkamp

(b) Address 1723 N. 13 St

17. (a) Burial (b) Date thereof 9-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY Central Ind. C.

18. (a) Signature of funeral director [Signature]

(b) Address 1841 Cass Ave

19. (a) SEP 13 1943 (b) [Signature]
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 1226 7 P

(c) City or town ST LOUIS
(If outside city or town limit, write "RURAL")

(d) Street No. 1723 N. 13 St
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1943 hour 12 minute _____ P. M.

21. I hereby certify that I attended the decedent from birth to Sept 12 1943 that I last saw her alive on Sept 12 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Cardiac defect
Interventricular Septum defect

Due to _____

Due to _____

Other conditions 151
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy In the ventricular septum defect

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) (a) Means of injury

28. Signature [Signature] (M. D. or other) MS

Address 444 3rd St Date signed SEP 13 1943

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.....

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.