No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 103

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 492

**1. PLACE OF DEATH:**
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3843 Lee Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:** 000 17
(a) State Missouri (b) County 910
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3843 Lee ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) J
If yes, name country

3. (a) PRINT FULL NAME Ferdinand H. Bredemeyer
3. (b) If veteran, name war
3. (c) Social Security No. 499-01-5067
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE BREDEMEYER
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan - 3 - 1876 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 68 | 0 | 13 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business City St Louis Park Dept
MOTHER FATHER
12. Name Ferdinand Bredemeyer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Trogel
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Marie Bredemeyer
(b) Address 3843 Lee ave
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director A. Frau L & H. Co
(b) Address 2707 Gravois Blvd
19. (a) JAN 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 16 year 1944 hour 10 minute 50 AM.
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 | Duration |
|---|---|
| Cerebral Apoplexy | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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 Thomas F. Gallagher (M. D. or other)
Address Deputy Coroner Date signed 1-17-44

(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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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

**If this body is not embalmed, fact should be so stated above.**