

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAY 31 1946
318

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **4256**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **one year**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Elizabeth Bruemmer**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **F** / 5. Color or race..... **W**
6. (a) Single, widowed, married, divorced..... **single**

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

7. Birth date of deceased..... **Aug. 7 1899**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 9 3 hr. min.

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

10. Usual occupation..... **Nil**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Herman Bruemmer**

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

14. Maiden name..... **Mary Krussel**

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

16. (a) Informant..... **John Bruemmer**

(b) Address..... **4552 Adkins**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **May 13, 1946**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peter and Paul**

18. (a) Signature of funeral director..... **Jay B. Smith Funeral Home**

(b) Address..... **7456 Manchester Ave. Maplewood**

19. (a) **MAY 11 1946** (Date received local registrar) **J. F. Bredegar** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**
(c) City or town..... **St. Louis** **1317**
(If outside city or town limits, write "RURAL")
(d) Street No. ~~4736~~ **Adkins City Sanitarium 9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May**..... day..... **10**
year..... **1946**..... hour..... **12**..... minute..... **5:00** P.M.

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

Immediate cause of death..... **Supportive pneumonia** Duration
fractured right femur, injured
when deceased fell to the floor
during an epileptic seizure
at the City Sanitarium
Due to..... **Sept. 19, 1945**

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

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **Sept. 19, 1945**

(c) Where did injury occur?..... (City or town) (County) (State)
St. Louis

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City Sanitarium

While at work?..... (Specify type of place) (e) Means of injury..... **As above**

23. Signature..... **Alfred Barrer** (M. D. or other)
Address..... **St. Louis** Date signed..... **5/11/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17108

0251 6 MAR

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.