

No. 2
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X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31593**
Registrar's No. **8181**

FILED SEP 30 1946
Registration District No. **318**

Primary Registration District No. **100E**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS MO.**
(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: **INFIRMARY HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9/14/46 to 9/22/46** (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME **ANNA BREM**
3. (b) If veteran, name war **No**
3. (c) Social Security No. _____

4. Sex **FEMALE** / 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **C. J. Brem**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY, 20, 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **4** Days **2**
If less than one day hr. _____ min. _____

9. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
12. Name **HENRY WILKIS**
13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA ?**
15. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant **CITY INFIRMARY RECORDS**
(b) Address **5800 ARSENAL ST.**

17. (a) **Burial** (b) Date thereof **Sep. 25, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**
(b) Address **4828 Natural Bridge Blvd.**

19. (a) **SEP 23 1946** (b) Registrar's signature **J. F. Bruesch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **9/7**
(d) Street No. **1938 ADELAIDE** (If rural, give location) **9**
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **22**
year **1946** hour **10:30** minute **33** A. M.

21. I hereby certify that I attended the deceased from **9/14/46** to **9/22/46**
that I last saw her alive on **9/22/46** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac failure**
Duration _____

Due to **Hypertensive cardiac-vascular disease & coronary artery disease**

Other conditions **Sen. Arteriosclerosis**
(Include pregnancy within 3 months of death)
Senile psychosis

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?

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **J. E. Allen M.D.** (Specify D. or other)
Address: **5600 Arsenal** Date signed **9/24/46**

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..... *Ralph C. Lindner*.....

Licensed Embalmer No..... *4275*.....

P. O. Address..... *St. Louis, Mo.*.....

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.