. No. 2
—1947
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32351

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8815

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

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: St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial 2110a Wyoming
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME HARRY BREDEMEYER
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lettey Bredemeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 27 (Day) 1887 (Year)

8. AGE: Years 60 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Alvy Coveyor
FATHER
12. Name unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Alfred Bredemeyer
(b) Address 2110a Wyoming
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) SEP 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th year 1947 hour 2:20 minute A M.
21. I hereby certify that I attended the deceased from 9/10/47 19 , to Sept. 18th 1947 that I last saw him alive on Sept. 18th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	2 yr.
Due to: Arterial Nephrosclerosis	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Joseph G. Elder (M. D. or other)
Address 1515 Lafayette Date signed 9/18/47

Jefferson City Printing Co.

(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 with the above constitutes grounds for revocation of license.)

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