

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5213
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 5213		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>									
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 WEEKS</u>		c. CITY OR TOWN <u>St. Louis</u>		12							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FIRMIN DeLoe-1325 S. GRAND</u>				d. STREET ADDRESS (If rural, give location) <u>5 - 965 HAMILTON</u>									
3. NAME OF DECEASED (Type or Print) <u>PAULINE</u>			a. (First)			b. (Middle) <u>BREMER</u>			c. (Last)				
4. DATE OF DEATH <u>JUNE 14 1949</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>			8. DATE OF BIRTH <u>NOV 8 1871</u>			9. AGE (in years last birthday) <u>77</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-Work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>			
13a. FATHER'S NAME <u>Wm Bremer</u>			13b. MOTHER'S MAIDEN NAME <u>Antoinette Meyer</u>			14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Cross 4619 1/2 Miss</u> ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO MO</u>		21f. HOW DID INJURY OCCUR? <u>172 X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5-3-</u> 1949, to <u>6-14-</u> 1949 that I last saw the deceased alive on <u>6-14-</u> 1949, and that death occurred at <u>3:50 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Embalmment</u>				23b. ADDRESS <u>602 N. Grand</u>				23c. DATE SIGNED					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 17 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>							
DATE REC'D BY LOCAL REG. <u>JUN 16 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u> ADDRESS <u>4386 Lindell</u>							

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

Handwritten notes:
1115 PM
6440

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

James A. Lammer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.