No. 300
10.48

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21525

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1432

**1. PLACE OF DEATH**
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis~~ Clayton
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Jennings 415 S ~~St. Louis~~
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location) 4716 Hamilton Avenue

**3. NAME OF DECEASED** (Type or Print)
a. (First) HERMAN
b. (Middle) A.
c. (Last) BREDEMANN

**4. DATE OF DEATH** (Month) (Day) (Year) June 18, 1954

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single
**8. DATE OF BIRTH** July 15, 1891
**9. AGE** (In years last birthday) 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) None
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (City and State or Foreign Country) Jefferson City, Missouri
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** John H. Bredemann
**13b. MOTHER'S MAIDEN NAME** Theresa Schrimpf
**14. NAME OF HUSBAND OR WIFE** Single

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** J. Gerard Droste, 6630 Fyler Avenue — 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pneumonitis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO~~ (b) malnutrition; dehydration
DUE TO (c) Possible abdominal neoplasm

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Arteriosclerosis a) d. Phase Brain Syndrome

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 492 X
**20. AUTOPSY?** YES ☐ NO ☑

**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)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-8, 1954 *to* 6-18, 1954, *that I last saw the deceased alive on* 6-18, 1954, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Stephen Toms, M.D. (Degree or title)
**23b. ADDRESS** 601 S. Brentwood, Clayton
**23c. DATE SIGNED** 6-19-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** June 22, 1954
**24c. NAME OF CEMETERY OR CREMATORY** National Cemetery
**24d. LOCATION** (City, town, or county) Jefferson Barracks (State) Missouri

**DATE REC'D BY LOCAL REG.** 6/19/54
**REGISTRAR'S SIGNATURE** Herbert R. Domke, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Stock Mortuaries, 2117 E. Grand Blvd. — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Denne

Licensed Embalmer No. 419

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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