

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

318

1003

STATE FILE NUMBER

3052

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | | | |
|---|---------------------------|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | | Length of stay in lb 1 month | | d. STREET ADDRESS 205 North 9th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last WERNER BREMERMAN | | | | 4. DATE OF DEATH Month Day Year 3 28 57 | | | |
| 5. SEX male <input checked="" type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 3, 1875 | | 9. AGE (In years last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Frederick Bremermann | | | | 14. MOTHER'S MAIDEN NAME Matilda Meyer | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT Mrs. Ralph Nutting, 5273 Washington | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Catastrophe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>due to convalescing from a Prostatectomy</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 min |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <u>March 1, 1957 to March 28, 1957</u> and last saw her ^{her} _{him} alive on <u>3/28/57</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the cause stated. | | | | | | | |
| 22a. SIGNATURE <u>Floyd A. Stewart</u> (Degree or title) M.D. U.S. | | | | 22b. ADDRESS <u>721 Olive St.</u> | | 22c. DATE SIGNED <u>3/29/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 3-30-57 | 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| 24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar | | | 25. DATE RECD. BY LOCAL REG. MAR 29 '57 | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | |

Checked by
Cl. 1-6938
After 1 or 721 Olive

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..

Student
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3867*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.