

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012728

STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 122

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 424 Jackson Street		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 424 Jackson Street
3. NAME OF DECEASED (Type or print) First Middle Last MRS. JENNIE IHLER BREMMER Bruemmer			4. DATE OF DEATH Month Day Year April 19, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own	9. AGE (In years last birthday) 77
11. BIRTHPLACE (City and state or country) Wardsville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Paul P. Ihler		13b. MOTHER'S MAIDEN NAME Jesena Tellman	14. NAME OF HUSBAND OR WIFE John Bremmer Bruemmer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Bruemmer Address Mr. Adam Bremmer 424 Jackson St. J.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Hypertensive Heart Disease DUE TO (c) Atherosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cardiac Resuscitation			INTERVAL BETWEEN ONSET AND DEATH 4200
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I died the deceased from Jan 1-59 to April 17 and last saw her alive on April 17-59 Death occurred at April 19-59 5:15 p.m. at the place stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Do not write) Eugene B. Fraker		22b. ADDRESS Jefferson City MO	
22c. DATE SIGNED April 20			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery	23d. LOCATION (City, town or county) (State) St. Thomas, Mo.
24. FUNERAL DIRECTOR'S ADDRESS Victor Kuescher Jc Mo		25. DATE REG. BY LOCAL REG. 20 April 1959	26. REGISTRAR'S SIGNATURE R. P. Norris, M.D. JR

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jemo*

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.