

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5611

State File No. ....

FILED MAR 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Monteau</u> <u>06810</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0680</u> <u>rural Walker 0</u>	
c. LENGTH OF STAY (in this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mile S.W. of McSink</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lathan Sanitarium</u>			

3. NAME OF DECEASED (Type or Print) <u>August</u> " <u>GEORGE</u> <u>BREHMEYER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>28</u> <u>1955</u>		
5. SEX <u>Mal</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>June 23, 1880</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR: Months <u>8</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machine</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>shrubbery and saw mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monteau Co. Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Karl Friedrich Brehmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Charitelle Tupper</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>495-30-3443</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elda Callman California Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>5 years</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c)			
19a. DATE OF OPERATION		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>Monteau</u> <u>Mo.</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 13, 1954, to Feb 28, 1955, that I last saw the deceased alive on Feb 28, 1955, and that death occurred at 10<sup>PM</sup>, from the causes and on the date stated above.

23a. SIGNATURE <u>Keiryon Latham MD</u> (Degree or title) <u>506</u>		23b. ADDRESS <u>California Mo.</u>		23c. DATE SIGNED <u>3-2-55</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelical</u>	
24d. LOCATION (City, town, or county) (State) <u>McSink Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/5/55</u>		REGISTRAR'S SIGNATURE <u>Helen L Pappay</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

071 87 278

**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 .....  
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo.

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.