

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18150

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>159</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>				e. STREET ADDRESS (If rural, give location) <u>128 Hoefer Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Brehmeyer</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>23</u> (Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 20 1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>65</u>		11. IF UNDER 1 HRS. Hours <u>65</u> Min. <u>0267</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J.F.Reichel</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Hutchnider</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Brehmeyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Fracutre of Femur</u> DUE TO (c) <u>Hemmorage from fracture area.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9047 45</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>Fell in hospital</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell in hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>137</u> (STATE) <u>Fulton, Mo.</u> <u>Callaway</u> <u>MO.</u>		21f. HOW DID INJURY OCCUR? <u>Fell in hospital</u>	
21d. TIME OF INJURY (Month) <u>May</u> (Day) <u>7</u> (Year) <u>1954</u> (Hour) <u>4</u> 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>May 7</u> , 19 <u>54</u> , to <u>June 23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 23</u> , 19 <u>54</u> , and that death occurred at <u>7:00</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Hanks, M.D.</u> <u>F. C. Kepler, M.D.</u>		23b. ADDRESS <u>State Hospital, Fulton, Mo</u>		23c. DATE SIGNED <u>6/23/54</u>			
24a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 24 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California</u>		24d. LOCATION (City, town, or county) (State) <u>California</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 24-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson Funeral Home, California, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1954

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 *Evert Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

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.