SEP 26 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23639

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 23 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 796

City: St. Joseph, (No. 3378 South 16 Street, St. Ward)

2. FULL NAME: Egnace Bregin

(a) Residence. No. 3378 South 16th Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Victoria Bregin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 4 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	7	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Fireman

(b) General nature of industry, business, or establishment in which employed (or employer): Burlington Grain Elevator

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Austria

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Victoria Bregin
(ADDRESS): 3378 South 16 Str

15. FILED Aug 11, 1927, 19... John T. Ob, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August. 8. 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-27-27, 1927, to 8-8-27, 1927 that I last saw him alive on 8-8-27, 1927 and that death occurred, on the date stated above, at 11 a.m. on

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Myocarditis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): not known

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? at home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms

(Signed) John L. Luckey M.D.

Aug. 9, 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olivet cemetery — DATE OF BURIAL: Aug. 11 1927

20. UNDERTAKER: W. Siebenfaden — ADDRESS: 1802 Union Str

EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.