WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

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

Do not use this space.

22098

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6272

City St Louis (No. 3941 Ohio ave St. ..... Ward)

2. FULL NAME Martin J. Bretscher

(a) Residence. No. 3941 Ohio St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillie Bretscher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 27 1877

7. AGE: Years 51 | Months 4 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Street Car Repairer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Public Service Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis.

PARENTS

10. NAME OF FATHER: Jacob Bretscher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis
12. MAIDEN NAME OF MOTHER: Marie Roschke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis

14. INFORMANT: Lillie Bretscher
(Address) 3941 Ohio.

15. FILED JUN 12 1928 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to June 11, 1928 that I last saw him alive on June 11 1928, and that death occurred, on the date stated above, at 11.15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Esophagus

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 44a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) Charles Drace, M. D

June 12, 1928 (Address) 3617 S Grand

*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: St Paul Church Yard | DATE OF BURIAL: 6-14 1928

20. UNDERTAKER: Wm Schumacher | ADDRESS 3013 Meramec