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

Do not use this space.

10593

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10593

Township ..... Primary Registration District No. 1003 Registered No. 2593

City St Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Fred Breuer Jr.

(a) Residence. No. 6921a Gravois St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	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~~ Esther Breuer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23, 1907.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	11	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retail Hardware Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) Himself
(c) Name of employer

16 6

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

1

PARENTS

10. NAME OF FATHER Fred Breuer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) MO.
12. MAIDEN NAME OF MOTHER Minnie Backhaus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Co.
(STATE OR COUNTRY) Missouri

14. INFORMANT Esther Breuer
(Address) 6921a Gravois

15. FILED ..... 19 ..... Max C. [illegible]
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1930, to Mar 12, 1930 that I last saw him alive on Mar 12, 1930, and that death occurred, on the date stated above, at 5.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococci Sore Throat
non Diphtheritic
115 A
130 A
95 A
Acute Septic Myocarditis (duration) — yrs. — mos. 12 ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis due to Sore Throat (duration) — yrs. — mos. 0 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? Microscopical Exam
(Signed) Andrew Youngman, M. D.
3/13, 1930 (Address) 4602 Gravois

*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	DATE OF BURIAL
Sunset Burial PR.	3/15 1930

20. UNDERTAKER	ADDRESS
C. Hoffmeister U-L Co	7814 S Broadway

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.