JAN 7 1937
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46472

File No. 12261
Registered No.

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Anthony's Hosp. St. Ward)

2. FULL NAME William S. Breher

(a) Residence, No. 3921 Winnebago Str., St., 16 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	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 Louisa Breher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

FATHER
13. NAME Engelbert Breher
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Cecelia Altman
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Louisa Breher
(ADDRESS) 3921 Winnebago Str.,

18. BURIAL, CREMATION, OR REMOVAL
New SS. Peter & Paul 12-15-36 19

19. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa Str.,

20. FILED DEC 14 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1936, to Dec. 12th 1936
I last saw him alive on December 12 1936 Death is said to have occurred on the date stated above, at 12.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Splenic Anemia	1935
Cause Unknown	

Other contributory causes of importance: 43

Name of operation Splenectomy Date 12.12.36
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) William B. Barron, M. D.
(Address) 3601 S. Jefferson

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.

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

M-2-10-36 1 X7294