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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 8929

Registered No. 355

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. 3708 Bamberger Ave. St. ..... Ward)

2. FULL NAME Infant Breuer

(a) Residence, No. 3708 Bamberger Ave. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8th 1937

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stillborn

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME: Otis Breuer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. James Mo.

MOTHER

15. MAIDEN NAME: Eileen Karch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. James Mo.

17. INFORMANT: Otis F. Breuer
(ADDRESS) 3505 So. Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 1-9 19 37

19. UNDERTAKER: Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED Jan 9 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8th 19 37

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:31 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	
(cord around neck)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Alfred J. Berry, M.D.

(Address) Deputy Coroner.

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.

Coroner