SEP 10 1937

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

29259
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 7892
(c) City St Louis (d) Street No. Alexian Bros Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis F Bredenkoetter
(a) Residence, No. 4230 Beethoven St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ahlert Bredenkoetter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1863
7. AGE 59 — YEARS 74 — MONTHS 4 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Operator
9. Industry or business in which work was done, as saw mill, bank, etc. School Board
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 Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Louisa Sprick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

93C

17. INFORMANT (ADDRESS) Edwin Bredenkoetter 5132 Rosa
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Cem DATE Aug 23 1937
19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden Funeral Home Inc 1936 St Louis
20. FILED AUG 23 1937 19 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1937 19
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 12:20 A M m.
The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration
Cont.-Acute Gastritis
Date of onset
Other contributory causes of importance:
Manner and cause could not be ascertained (not food poisoning)
Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? open Date of injury unk 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 See above
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krupin, Licensed Embalmer No. 3497

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Felix J. Krupin

Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)