

REC'D SEP 12 1938

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

26992
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis.** (d) Street No. **Christian Hospital.** Registered No. **7006**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **Margaret Breitenbach.** **635**
(a) Residence, No. **2169 East Linton Ave.** St. **9** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female.** 4. COLOR OR RACE **White.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow.**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **The Late Louis Breitenbach**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 18, 1859.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **At Home.**
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) **Germany.**

FATHER
13. NAME **Peter Musing.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
15. MAIDEN NAME **UnKnown.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Herman L Breitenbach. 2169 East Linton Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery Aug 8, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math Hermann & Son 2161 East Fair Ave**

20. FILED **AUG 8 1938** **J.F. Breidich** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 6, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **July 27, 1938** to **Aug 6, 1938**
I last saw h. **live on Aug 6, 1938** Death is said to have occurred on the date stated above, at **8.00 A.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Date of onset **-?**
Other contributory causes of importance:
Name of operation **Phys Exam** Date of **.....**
What test confirmed diagnosis **Phys Exam** Was there an autopsy? **.....**

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) **John G. M. Jorney**, M. D.
(Address) **4701 St Louis Ave**

WRITE PLAINLY WITH UNLOADING 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....
Samuel Hampton

Licensed Embalmer No.....
2967

P. O. Address.....
St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.