

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.

REC'D FEB 10 1939

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

791
1003

680
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.
 (b) Township Primary Registration District No. Registered No. 680
 (c) City St. Louis- (d) Street No. 3964 Wilmington Ave. 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

(a) Residence, No. 3964 Wilmington St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, give 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 W. Henry Breuer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 28

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

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

13. NAME John Kolar
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

15. MAIDEN NAME Catherine Wachtel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

17. INFORMANT (ADDRESS) Mrs. Amelia James
3964 Wilmington Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Jan. 23 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell
1926 Allen Ave.

20. FILED JAN 23 1939 J. B. Bedeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1939
 22. I HEREBY CERTIFY, that I attended deceased from Nov. 21 1938 to Jan 20 1939
 I last saw h. e. alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 8:45 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus Cervix
metastase to lungs
 Date of onset

Other contributory causes of importance:
metastase to lungs

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?
 If so, specify
 (Signed) Edwin J. Velt, M. D.
 (Address) 2905 S. Broadway

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 Benz C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.