

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH: **1008**

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4646 Alaska Ave. **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
years, months or days)3. (a) PRINT FULL NAME Daniel G. Briesacher **1.22**3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-09-64594. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Dec. 20 1914
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
24 8 4 _____ hr. _____ min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Famous Barr12. Name Daniel Briesacher13. Birthplace Belleville Ill.
(City, town, or county) (State or foreign country)14. Maiden name Maria Speeri15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature R. P. Hegarty(b) Address 4646 Alaska Ave17. (a) Burial (b) Date thereof Aug. 29, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director J. H. Gebken D. H. Co.(b) Address 2842 Meramec St.19. (a) AUG 27 1939 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis **15**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4646 Alaska Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1939 hour 4 minute 15 P. M.21. I hereby certify that I attended the deceased from August 10, 1939, to August 25, 1939, that I last saw him alive on August 25, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Lobar Pneumonia (upper 14 days
left and lower left lobe.)
 Due to ② acute myocarditis 8 days
 Due to ③ Lung abscess 6 days

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place) (e) Means of injury none23. Signature Supper Plump (M. D. correct)Address 34 33 8 Grand Date signed Aug 26/39

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

Signed Loren C. Percy
Licensed Embalmer No. 4094
P. O. Address 2842 Meramec St.
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.