

JAN 12 1940 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10569

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Firmin Desloge Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days 9

3. (a) PRINT FULL NAME Brester, Regina
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 16 1918
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

FATHER { 12. Name Steve Brester
13. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Anna Tapple
15. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Steve Brester
(b) Address Westphalia, Mo.

17. (a) Removal (b) Date thereof 12/8/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westphalia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.
(b) Address 4700 Washington Ave.

19. (a) DEC 11 1939 (b) J. J. Brester
(Date received local health officer) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED: _____
(a) State Missouri (b) County Osage
(c) City or town Westphalia NR
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1939 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from November 14, 1939, to December 6, 1939; that I last saw her alive on December 6, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage following right lower pulmonary lobectomy for

Due to Chronic bronchiectasis 3 yrs

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Massive pleural adhesions and bronchiectasis rt. lower lobe
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thomas Neustetter (M. D. or other) _____
Address 1325 S. Grand Blvd Date signed 12-8-39

Duration
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

10569

10569

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

Albert J. Hoppa

Licensed Embalmer No. *2971*

P. O. Address.....

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.