

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4980
Registrar's No. 1810

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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: 2900 N. 21st. St.
(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 Anna Breitenbach

3. (b) If veteran, name war _____ 3. (c) Social Security No. NOT REGISTERED

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife John Breitenbach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30th, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>21</u>	hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

11. Industry or business Cafateria

MOTHER FATHER { 12. Name ? Sohn

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Messrs. Drenches
(b) Address 2900 N. 21st St

17. (a) Burial (b) Date thereof 2-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provoit Used Co.
(b) Address 3710 N. Grand Blvd.

19. (a) FEB 22 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2900 N. 21st. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st.
year 1940 hour 3.30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 19
1940, to Feb. 21 1940;
that I last saw her alive on Feb. 20 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Left Side)
Due to Radiation

Due to Older nephritis

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(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 Arthur S. Smedley (M. D. or other) keep
Address 2102 University Date signed _____

Business Service
2202 Ham...
2.14/15

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

Robert L. Pinkman
Licensed Embalmer No.....3553.....

P. O. Address 3710 E. Grand Blvd.....

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.