

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6153

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4859 Goethe Ave 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50  
(Specify whether  
In this community 50  
years, months or days)

3. (a) PRINT FULL NAME ANTON BREUHAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. ....

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Catherine Breuhan 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased July 8, 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 14 hr. min.

9. Birthplace Fayetteville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Printing Contractor

11. Industry or business

12. Name Joachim Breuhan

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

14. Maiden name unknown

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

16. (a) Informant Alfred Breuhan

(b) Address 4859 Goethe Ave

17. (a) Burial (b) Date thereof 7-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Peter + Paul

18. (a) Signature of funeral director Wiegand's Mortuary

(b) Address 4228 S. Kingshighway

19. (a) JUL 23 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4859 Goethe Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd  
year 1940 hour 10:40 minute 17 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis with concentric Cardiac Hypertrophy. Contrib: Malignant Nephrosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_  
(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)  
(a) Means of injury 5

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_

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

PHYSICIAN

**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.....

*Edward M. Bennett*

Licensed Embalmer No..... *3024*

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, fact should be so stated above.**