No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37044

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9317

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 weeks (Specify whether

In this community 75 years 5 mos 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 18 (If outside city or town limits, write "RURAL")

(d) Street No. 3632 Clark Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY T. BRESLER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Harry Bresler

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 24 (Day) 1865 (Year)

8. AGE: Years 75 | Months 5 | Days 18 | If less than one day hr. min.

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

10. Usual occupation Housewife 5

11. Industry or business

MOTHER FATHER
12. Name Jack Montiquet
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Chas Bresler

(b) Address 3632 Clark Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 4212 St. Louis Ave

19. (a) NOV 13 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1940 hour 3.55 minute a. M.

21. I hereby certify that I attended the deceased from August 8th, 1940, to November 12, 1940; that I last saw her alive on November 11th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Cardiovascular disease	years
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Augustus P. Munsch (M. D. or other)

Address 306 Humboldt Bldg Date signed 11/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos A Howard

Licensed Embalmer No. 4139

P. O. Address 4212 S. T. LOUIS AVE.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.