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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6428

MAR 11 1941

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(c) Name of hospital or institution: 1  
(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 Gertrude Breznik

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 married

6. (b) Name of husband or wife John Breznik 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 15 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Luce Gujoslavia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Frank Trobnik

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs ANN Stoeker  
(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof Feb 28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director FRANK MORTUARY  
(b) Address Poplar Bluff Mo  
19. (a) 3/5/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL") 7  
(d) Street No. 814 Sanders (If rural, give location) 2  
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25  
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan 9, 1941, to Feb 25, 1941;  
that I last saw her alive on Jan 24, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia  
Due to Influenza 3 or 4 days  
age 6 wks.

Other conditions Gas better and  
(Include pregnancy within 3 months of death) and relapse

Major findings: Of operations \_\_\_\_\_  
Of autopsy MIT  
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) no

(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? no

(e) Means of injury \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_

23. Signature J. Lee Harwell (M. D. or other) 0  
Address Poplar Bluff Mo Date signed 3/5/41

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

MOTHER FATHER

MAY 14 1949

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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 Grover W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.