

REGISTRATION DISTRICT NO. **791**

Primary Registration District No. **1003**

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

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: 729 BATES / 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 SUSAN BREDENSTEINER

3. (b) If veteran, name was NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HENRY BREDENSTEINER

6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year)

7. Birth date of deceased JULY 14 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace SANGAMON CO. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business AT HOME, -

12. Name DAVID BAILOR

13. Birthplace UNKNOWN
(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 GEORGE W. SEVERNS

(b) Address 729 BATES ST.

17. (a) BURIAL (b) Date thereof AUG 31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASON CITY ILL.

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 HAMILTON AVE

19. (a) AUG 20 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COO

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 729 BATES ST. - 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 29 - 1941
year 1941 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Aug 23 - 1941, to Aug 29 1941;
that I last saw her alive on Aug 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Met Cerebral Haemorrhage

Due to 6 hr Int Nephritis ↓ 1 day

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Melvin D. Hans MD (M. D. or other) 0

Address 4525 Eugenia Date signed 9/20/41

Mo. 0527
10-11

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 *J. Wm Dunkley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis, Mo*

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.