7. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29273

Registration District No. 284 Primary Registration District No. 106 Registrar's No. 1752

96
23

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital ( )
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 16 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Centaur c
(If outside city or town limits, write "RURAL")
(d) Street No. Wildhorse Creek & Monarch o
(If rural, give location)
(e) Citizen of foreign country? No. / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Breer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male ( )
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Breer
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August (Month) 12 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
59	-	9	hr. min.

9. Birthplace Richmond, Minn. / (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business
FATHER 12. Name Henry Breer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Regina Lembeck
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Wife - Anna Breer
(b) Address Same
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 41 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & Paul
18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2708 Woodson Rd Overland Mo
19. (a) AUG 22 1941 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1941 hour 12:55 minute A. M.
21. I hereby certify that I attended the deceased from June 5, 1941 to August 21, 1941 that I last saw him alive on August 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	5 day
Due to: Gen. arteriosclerosis	indef
Due to: Cerebral arteriosclerosis	indef
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Fracture of leg	
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 Waldo W. Forsman (M. D. or other)
Address Cortland Date signed 8/21/41

107 (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 Oscar F Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.