

FILLED OCT 14 1941
85

Registration District No. _____

Primary Registration District No. 5127

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington
(c) Name of hospital or institution: South 11th. St. Road 1
(d) Length of stay: In hospital or institution 23 Years
In this community 23 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(d) Street No. R.R. # 5 St. Joseph
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME LeRoy John Bressler

3. (b) If veteran, name war. -- (c) Social Security No. 712-01-5279

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased December 21 1893

8. AGE: Years 47 Months 7 Days 16

9. Birthplace Doniphan County Kansas

10. Usual occupation Telegraph Operator

11. Industry or business St. Joseph Terminal Ry. Co

12. Name John A. Bressler

13. Birthplace Penn.

14. Maiden name Nettie Jennings

15. Birthplace Michigan

16. (a) Informant Mrs. LeRoy J. Bressler

(b) Address R.R. # 5 St. Joseph, Mo.

17. (a) Removal (b) Date thereof 8-12-1941
(c) Place: burial or cremation Cremation Kansas City, Missouri

18. (a) Signature of funeral director Hector Belske & Bowman
(b) Address 319 South 10th St. St. Joseph, Mo.

19. (a) Date received local registrar Aug. 11, 1941 (b) Registrar's signature H. F. Meindly

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 7, year 1941, hour 3, minute 00 P. M.

21. I hereby certify that I viewed the deceased on August 7, 1941 to 1941 that I last saw him alive on August 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day
Due to Angina Pectoris 2 mo.

Due to 9/4/41

Other conditions For the past 2 mo. man has been suffering frequent attack of pain in his left chest & left arm. At 1:50 P.M. today he suffered a severe attack and died within 10 minutes.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. F. Meindly (M. D. or other) M. D.
Address 404 South 3rd. St. Date signed 8-7-41

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

1100

OCT 13 1941

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.....

Licensed Embalmer No.....

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.