

No. 2  
-1-4-41  
-1-17-39  
X 26330

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39335

State File No. 6

DEC 23 1941 84  
Registration District No. 1941 84

Primary Registration District No. 200

Registrar's No. 2558

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carsonville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4228 Carson Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Carsonville /  
(If outside city or town limits, write "RURAL")

(d) Street No. 4228 Carson Rd. /  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora K. Bresch

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th  
year 1941 hour 3:15 PM minute \_\_\_\_\_ M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis P. Bresch

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

7. Birth date of deceased March 1, 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 - 1941 to DEC 14 - 1941  
that I last saw her alive on DEC - 14 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Stomach Carcinoma Duration 3 months

Due to Cause Unknown

Due to \_\_\_\_\_

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

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Henry G. Pohling

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

14. Maiden name Katherine Braun

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence H. Bresch

(b) Address 4228 Carson Rd.

17. (a) Burial (b) Date thereof 12/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 16 1941 (b) C. S. [Signature]  
(Date received local registrar's certificate) (Registrar's signature)

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

23. Signature Dr. Joseph C. Schaefer (M. D. or other) \_\_\_\_\_  
Address 335 University Club Date signed 12/12/41

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

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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..... *Samuel Hampton*  
Licensed Embalmer No. *2967*  
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.**