

FILED APR 27 1942 91

STANDARD CERTIFICATE OF DEATH 1003

State File No.

3474

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
25th & N. Market Sts.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3940 Marfitt Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Brettman,

3. (b) If veteran, name war no 3. (c) Social Security No. 516-22-8247

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Brettman 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 24 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Painter

11. Industry or business House Painter

12. Name August Brettman

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

14. Maiden name Emily O'Leary

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

16. (a) Informant Pearl Brettman

(b) Address 1841 B N. 25th St.

17. (a) Burial (b) Date thereof 4-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) APR 19 1942 (b) J. F. Brudock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1942 hour 1 minute 0 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Subdural Hemorrhage of brain; when he fell from a roof while trying to gain entrance to his home at 2506 N. Market St. about 1:00 A.M. April 17, 1942.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence April 17, 1942
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home or about Home
(Specify type of place) (Means of injury)

23. Signature Alfred H. Perry (M. D. or other) _____
Address _____ Date signed 4/18/42

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

MOTHER FATHER

87

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677

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.....

Fred Frick

Licensed Embalmer No. 3186

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.