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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1942

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 26689

Registrar's No. ~~801~~ 810

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

11
1
7

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: Sisters Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community 74 yrs years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")

(d) Street No. 311½ Edmond (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Breit

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Jenny Breit

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

7. Birth date of deceased 2 (Month) 22 (Day) 1858 (Year)

8. AGE: Years 74 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Andrew county (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Fredrick Breit
13. Birthplace Bern (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Tina Turpin
15. Birthplace Andrew county (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant James Breit

(b) Address Savannah Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 20 (Day) 42 (Year)

(c) Place: burial or cremation Longbranch

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) 8-19-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8 day 17 year 1942 hour 7 minute 5 p. M.

21. I hereby certify that I attended the deceased from 8-15-42, 19__, to 8-17-42, 19__; that I last saw him alive on 8-17-42, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: bronchial pneumonia | |
| bilateral extension | |
| Due to: Chronic nephritis | |
| Due to: Cardiac Dilatation | |
| Hypertrophy | |
| Other conditions: Acute tomenia (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

1 31 b

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 [signature] (M. D. or other) MD

Address St. Joseph Mo. Date signed 8-19-42

1233 (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 E. C. Breif

Licensed Embalmer No. 2658

P. O. Address Savannah 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.**