

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Foot of Grand Ave. Miss. River
Promenade Island at City Hosp.
(d) Length of stay: In hospital or institution 0
(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 17
(If outside city or town limits, write "RURAL") 928
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st
year 1942 hour 10:30 minute A M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Asphyxiation due to Drowning
When Deceased was found in the
Mississippi River floating on a pile
of rocks about 30 feet from shore
at the foot of Adelaide ave.
Due to 9/21/42 about 10:30 am
Time Cause and manner of same
Could not be Determined

Duration
Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

3. (a) PRINT FULL NAME Walter Joseph Breitenbach

3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept. 11th 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 0 10 hr. _____ min.

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

10. Usual occupation Heating Engineer

11. Industry or business _____

12. Name James Breitenbach

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

14. Maiden name Emma Werner

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

16. (a) Informant Geo. Breitenbach

(b) Address 3632 Dover Pl.

17. (a) Burial (b) Date thereof 9-22-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 W. Florissant ave

19. (a) SEP 22 1942 (b) J. F. Brodesh
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

10-4839
P

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.....
Not embalmed Registered Apprentice No.....
working under my personal supervision:

Signed *for H. B. Bronschung*
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.