

FILED FEB 10 1943

Registration District No. _____

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7336 Oakland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7336 Oakland Ave.
(If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herbert Bressie

3. (b) If veteran, name war None 3. (c) Social Security No. 488-09-0192

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Marie Bressie 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 2nd 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 10 18 hr. min.

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

10. Usual occupation Chauffer

11. Industry or business _____

MOTHER FATHER { 12. Name John Bressie
13. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Watkins
15. Birthplace Salem Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Bressie
(b) Address 7336 Oakland Ave

17. (a) Burial (b) Date thereof Jan 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Walter Rocklage

(b) Address 6536 Clayton Road

19. (a) JAN 25 1943 (b) E. J. McShane MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1943 hour 4:55 minute P 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 Self-inflicted gun-shot wound of chest with 20 gauge shot gun.

Due to Gun-shot wound of chest.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy No.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide.

(b) Date of occurrence Jan. 20, 1943

(c) Where did injury occur? 7336 Oakland Ave.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Loius H. B. Brown (M. D. or other)
Address Kirkwood, Mo. 1-21-43 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
3886

96
800

164C

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.....

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address. *City*

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.