

FILED MAR 16 1943
Registration District No. 162

Primary Registration District No. 5595

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

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town KIRKWOOD R.R.#12
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HIGHWAY #141
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 14 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS BRETHOLD

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased DEC 22 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 6 If less than one day - hr. - min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business POST OFFICE CLERK

12. Name WM. BRETHOLD 4

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

14. Maiden name BERTHA LAUMAN 4

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

16. (a) Informant Norman Brethold

(b) Address Kirkwood R.R.#12-Box 138

17. (a) Burial (b) Date thereof 2-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S CHURCHYARD

18. (a) Signature of funeral director Louis H. Bopp, Inc

(b) Address Fenton, Mo

19. (a) 2/16/43 (b) W. C. Walton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON
(c) City or town -
(If outside city or town limits, write "RURAL")
(d) Street No. KIRKWOOD R.R.#12 Box 1380
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1943 hour - minute - M.

21. I hereby certify that I attended the deceased from Jan 1st 1943 to Feb 16 1943 that I last saw him alive on Feb 13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to art. Pneumonia

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) -
(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? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature W. C. Walton (M. D. or other) -
Address Fenton Mo Date signed 2-16-43

Duration 7 mo.
PHYSICIAN -
Underline the cause to which death should be charged statistically.

APR 12 1943

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 Reverend H. Bopp
Licensed Embalmer No. 3042
P. O. Address Clayton, 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.