

FILED DEC 20 1943 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **11226**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
**6006 Cates Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) **38 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

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

(d) Street No. **6006 Cates Avenue**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HENRY BREYMAN**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine B. Breyman**

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

7. Birth date of deceased **11 12 1868**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **15**  
year **1943** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 16**, 19**42** to **Dec. 15**, 19**43**  
that I last saw him alive on **Dec. 12**, 19**43**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**75 1 3** hr. \_\_\_\_\_ min.

9. Birthplace **Holland Michigan**  
(City, town, or county) (State or foreign country)

Immediate cause of death:  
**Squamous Carcinoma of lip with metastases to lymph glands of neck**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration **1 yr. 8 mo.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Otto Breyman**

{ 13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Sarah-Unknown**

{ 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katherine Breyman**

(b) Address **6006 Cates Avenue**

17. (a) **Cremation** (b) Date thereof **12-17-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cremation**

18. (a) Signature of funeral director **Alexander S. Soudan**  
(b) Address **6175 Delmar Blvd.**

19. (a) **DEC 16 1943** (b) **J. F. Bruch**  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

Major findings: **Carcinoma of lip**  
Of operations: **Carcinoma of lymph glands of neck, metastatic**  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Frank W. Dowd** (M. D. or other) **M.D.**  
Address **Metropolitan Bldg., St. Louis, Mo.** Date signed **Dec 16, 1943**

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

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**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.....

*jos. E McCulloch*

Licensed Embalmer No. *2460*

P. O. Address.....

*6155 Delmar*

**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.**