

FILED MAR 11 1946

Registration District No. _____

Primary Registration District No. 3020

Registrar's No. 22

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural- Berger, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles South of Berger, Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRITZ BRETTTHORST.

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,~~ Single

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

7. Birth date of deceased: April 26 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>27</u>	_____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Fritz Bretthorst

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

14. Maiden name Topel

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

16. (a) Informant Miss Emily Bretthorst

(b) Address Berger, Mo. R.F.D. #1

17. (a) Burial (b) Date thereof 2 26 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Evan. Cem. Berger, Mo.

18. (a) Signature of funeral director Herman Blumer

(b) Address Berger, Mo.

19. (a) 2-25-46 (b) Luella Ruthen Brunk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1944 hour 7 minute 5 P.M.

21. I hereby certify that I attended the deceased from Feb 22, 1944 to Feb 23, 1944
that I last saw him alive on Feb. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Heart disease

Due to Heart know

Other conditions Heart know
(Include pregnancy within 3 months of death)

Duration Heart know

Physician Heart know

Underline the cause to which death should be charged statistically.

Major findings: Of operations no operation

Of autopsy no autopsy

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 B

23. Signature R. R. Cutler (M. D. or other) _____
Address Washington, Mo. Date signed 2/23/44

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RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-9-44

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.....

Herman Blumer

Licensed Embalmer No.

528

P. O. Address.....

Berlin, 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.