

FILED NOV 15 1944 318

Primary Registration District No. **1003**

Registrar's No. **9452**

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2816a N. 20th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 65 years (Specify whether)  
In this community 65 years (years, months or days)

3. (a) PRINT FULL NAME Julius Bretz

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex 0 male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Bretz 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 27th. 1867.  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 9 If less than one day  
hr. min.

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

10. Usual occupation Bookkeeper

MOTHER FATHER

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Emma Bretz

(b) Address 2816a N. 20th. St.

17. (a) Burial (b) Date thereof 11-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.

19. (a) NOV 8 1944 J. F. Bradack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2816a N. 20th. St. (If rural, give location) 269  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6th.  
year 1944 hour 4:15 PM minute M.

21. I hereby certify that I attended the deceased from Feb 17, 1943, to Nov. 6, 1944,  
that I last saw him alive on Nov 6, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis, not known  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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 0

23. Signature George Mueller (M. D. or other)

Address 2504 N. 14 Date signed Nov. 7, 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 *John P. Buchholz*  
Licensed Embalmer No. *1674*  
P. O. Address *2223 St. Louis Ave*

**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.**