S. No. 2
1—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34585

State File No.

Registration District No. 172 Primary Registration District No. 5642 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Lafayette

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Lafayette 54

(c) City or town Rural Alma 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louis Bredehoeft.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White 1

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

6. (b) Name of husband or wife Clara Bredehoeft

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 12 (Month) 5 (Day) 1878 (Year)

8. AGE: Years 65 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Emma, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Jacob Bredehoeft,
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Wienberg,
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Clara Bredehoeft,
(b) Address Blackburn, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/44. (Month) (Day) (Year)
(c) Place: burial or cremation St. Petri Cem.

18. (a) Signature of funeral director A.H. Bremer
(b) Address Alma, Missouri.

19. (a) 10-18-1944 (Date received local registrar) (b) Dr. W.A. Braecklein (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day ~~16~~ 15 year 1944 hour Eight minute 15 a.M.

21. I hereby certify that I attended the deceased from Sep. 18, 1944 to Oct. 15, 1944 that I last saw him alive on Oct 14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	many years
Chronic myocarditis	"
Due to developing	
Right pleural transudate - several months	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W.F. Koppenhuck (M. D. or other) MD

Address Higginsville Mo Date signed 10/18/44

1189

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 9-44
Date Filed

SEP 29 1953

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 Alfred H. Brenner

Licensed Embalmer No. 2696.

P. O. Address Alma, Missouri.

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.