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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21163

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1648

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3112 Bartold Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3112 Bartold
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES A. BREIG
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 22, 1865 (Month) (Day) (Year)
8. AGE: Years 79 Months 7 Days 1 If less than one day hr. min.
9. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
10. Usual occupation Book Binder
11. Industry or business ✓ Retired
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Albert Breig
(b) Address 7354 Goff Ave. Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.
19. (a) 6-25-45 (Date received local registrar) (b) E. G. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1945 hour 10:10 P.M. minute M.
21. I hereby certify that I attended the deceased from Aug 15, 1943, to June 19, 1943;
that I last saw him alive on June 19, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	1 hr.
Due to Hypertension	2 yrs
Due to Bronchial Asthma	
Other conditions (Include pregnancy within 3 months of death)	83 a
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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature Pierre M. Brossard (M. D. or other)
Address 3500 Cambridge Maplewood Date signed 6-24-45

(Licensed Embalmer's Statement on Reverse Side)

Dr P. M. Brossard
Hi 0890

JUL 5 1945

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 3454 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.