V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24903

FILED JUL 23 1945

Registration District No. 3Y9

Primary Registration District No. 6076

Registrar's No. 1817

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sappington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kennerly Road
(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)
In this community life

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

3. (a) PRINT FULL NAME Pauline Breihan
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles W. Breihan
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July (Month) 22 (Day) 1903 (Year)

8. AGE: Years 41 Months 11 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business at home

FATHER
12. Name Henry Demmer
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Wilhelmenia Ziegler
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles W. Breihan
(b) Address Kennerly Rd. Sappington Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director 6322 South Grand Blvd.
(b) Address 6322 So. Grand Blvd.
19. (a) 7-19-1945 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1945 hour 1:40 minute a. M.
21. I hereby certify that I attended the deceased from Jan 6, 1945, to July 19, 1945; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Uterus | 6 mo |
| Due to | |
| Due to 48b | |
| 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John C. Cornell (M. D. or other) MD
Address 5005 A GRAVOIS Date signed

707 (Licensed Embalmer's Statement on Reverse Side)

Dr Connell
5005 Gravois
11 AM. Thurs

MAR 5 1959

**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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis, 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.**