No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3059

State File No.

FILED FEB 11 1946

Registration District No. 388 Primary Registration District No. 5593 Registrar's No. 459

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

1. PLACE OF DEATH:
(a) County Jefferson 50
(b) City or town Rural Plattin Twp. 0
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. DeSoto R. R. #1 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Breudigam
3. (b) If veteran, name war ---------
3. (c) Social Security No. ------
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, divorced Married 1
6. (b) Name of husband or wife Mary E. Bruedigam
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased January (Month) 21 (Day) 1858 (Year)

8. AGE: Years 88 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Hamburg (City, town, or county) Germany 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 0 (State or foreign country)
16. (a) Informant Henry Bruedigam
(b) Address Festus, Mo. R.R. #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Flucom Jefferson Co.
18. (a) Signature of funeral director Fink Funeral Parlor
(b) Address Festus, Missouri
19. (a) Feb. 6, 1946 (Date received local registrar) (b) Austa B. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28 year 1946 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from January 5, 1944 to Jan. 26, 1946 that I last saw him alive on Jan. 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure (?)
Due to Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 Chas. E. Owen (M. D. or other) DO
Address De Soto, Mo. Date signed 2/4/46

143 (Licensed Embalmer's Statement on Reverse Side)

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~~ Eleuan Province, Registered Apprentice No. ——, working under my personal supervision.

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Festus, 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.