S. No. 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12774

Registration District No. 110 Primary Registration District No. 3-425 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural- Boeuf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HIS RESIDENCE
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin 36
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3½ Miles S.W. Of Berger, Mo 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country -

3. (a) PRINT FULL NAME William Carl Brethorst
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, married, widowed, divorced XXXXXXX XXXX single
6. (b) Name of husband or wife -0-
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased March (Month) 12 (Day) 1885 (Year)

8. AGE: Years 61 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Berger (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Daywork
11. Industry or business Farming

FATHER
12. Name Louis Brethorst 0
13. Birthplace Berger (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Hannah Zoch
15. Birthplace Pullian (City, town, or county) Germany 7 (State or foreign country)

16. (a) Informant John Brethorst
(b) Address Berger, Missouri RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery Berger, Mo
18. (a) Signature of funeral director Paul H. Blemer
(b) Address Berger, Mo
19. (a) Apr 18-46 (Date received local registrar) (b) Jeffie A. Grossmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1946 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan. 30, 1946, to Apr. 17, 1946; that I last saw him alive on Apr. 16, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	3 hr.
Due to Arteriosclerosis	20 yrs.
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. A. Jeter, M.D. (M. D. or other)
Address Hermann, Mo. Date signed 4/17/46

93

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-10-46

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Berger, 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.