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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 7 1947

1003

Registrar's No. 11269

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of townships)
(c) Name of hospital or institution: Mo. Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(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 Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 736 So. Hanley Rd
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Bresler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 25 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Theo Schuckhart 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma King
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen H. Law

(b) Address 736 So. Hanley Rd

17. (a) Removal (b) Date thereof Dec 31 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Home

18. (a) Signature of funeral director John H. Buffum
(b) Address 1535 Grand Mo
19. (a) DEC 31 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30,
year 1946 hour 6 minute 10A M.
21. I hereby certify that I attended the deceased from May 15 to Dec 29, 1946
that I last saw her alive on Dec 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 8 days
Due to Arterial Hypertension 295
Due to Arteriosclerosis 1095
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert L. Meader (M.D. or other) MD
Address 250 Central, Clayton, Mo Date signed 12-29-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
40993

11960
69271

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..... *Felix Lussard*

Licensed Embalmer No. *3034*

P. O. Address. *Kentwood (22) Md*

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.