

FILED FEB 24 1948 18

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1908 Sidney St.
(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 Missouri (b) County 205
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1908 Sidney St. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry J. Breeher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired-Ice&Coal Dealer

11. Industry or business _____

12. Name William Breeher

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Breeher

(b) Address 1908 Sidney St.

17. (a) Burial (b) Date thereof 2/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cemetery

18. (a) Signature of funeral director John N. Gellen Somo

(b) Address 2630 Gravois Ave.

19. (a) FEB 13 1947 J. T. Breeher
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 10 day 1947 year 5, 30 hour A minute 10 M.

21. I hereby certify that I attended the deceased from FEB 4, 1947, to FEB 10, 1947, that I last saw him alive on FEB 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHITIS ACUTE Duration 2 DAYS
Due to ENTERITIS DIARRAEA 10 DAYS
Due to MYO CARDITIS (CHRONIC) 2 YEARS

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93
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 0

22. Signature Hal W. Rasing (M. D. or other) _____
Address 2125 Sidney St. Date signed 3-12-47

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

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. 4144
working under my personal supervision.

Signed Robert F. Gubku
Licensed Embalmer No. 4144
P. O. Address 2630 Gravois Ave

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.