S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28885

State File No. 8140

FILED SEP 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
3814 S Compton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA BREUNING
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Oscar F.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 27 (Day) 1874 (Year)

8. AGE: Years 72 Months 8 Days 28 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Louis Hesse
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Wilhelmina Meyer
15. Birthplace Germany (City, town, or country) (State or foreign country)
16. (a) Informant Louis Hesse, 4474 Ellenwood
(b) Address James Hesse, 5718 Goener
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery
18. (a) Signature of funeral director Witt Bro. L. Ho
(b) Address 2929 S. Jefferson Ave.
19. (a) AUG 27 1947 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th year 1947 hour 8:50 minute A. M.
21. I hereby certify that I attended the deceased from 7/31/47 to Aug. 25th, 1947 that I last saw her alive on Aug. 25th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage & perforation of gastric ulcer	
Due to: Unknown cause	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Abscess & rupture of the gall bladder	

Major findings: Of operation
Of autopsy Gastric ulcer, perforated & gall bladder, perforated with abscess.

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external cause, 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 W. Murphy (M. D. or other) MD
Address 1515 Lafayette Date signed 8/25/47

Jefferson City Printing Co. (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 .....

..... Davis ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed ..... Edgar F. Mitt .....

Licensed Embalmer No. 2-117 .....

P. O. Address .....

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.