

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

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 6106

318

1003

6106

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis, Mo. 2 Mo. St. Louis. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital e. STREET ADDRESS (If rural, give location) 16 3115 Potomac 2169 0

3. NAME OF DECEASED a. (First) Henry b. (Middle) c. (Last) Breer 4. DATE OF DEATH (Month) (Day) (Year) July 5 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 8. DATE OF BIRTH SEPT 6 1874 9. AGE (In years last birthday) 79 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRAPPER GFF 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WRAPPER GFF 10b. KIND OF BUSINESS OR INDUSTRY WIGGITT MYERS Co. 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Breer 13b. MOTHER'S MAIDEN NAME Elizabeth ? 14. NAME OF HUSBAND OR WIFE Mary Breer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NATALIE RIDGELY 3115 POTOMAC

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis ANTECEDENT CAUSES with Arteriosclerotic Heart Disease DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Disease and Uraemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from April 6, 19 54, to July 5, 19 54, that I last saw the deceased alive on July 5, 19 54, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Palmira Brudich M.W. 23b. ADDRESS 5800 Arsenal Street. 23c. DATE SIGNED 7/5/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE JULY 7 1954 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CAM 24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.

DATE REC'D BY LOCAL REG. JUL 6 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. Thomas Kutis 2906 Gravois 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo J. Budd*.....
Licensed Embalmer No. *398*.....

P. O. Address *H. House*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.