

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

STANDARD CERTIFICATE OF DEATH

State File No. **24304**  
 Registrar's No. **6164**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>11 dys</b>	c. CITY OR TOWN <b>St. Louis</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5800 Arsenal</b>		e. STREET ADDRESS (If rural, give location) <b>23 2712 Armand Pl. 2239</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Laura Breidenbach</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 6 1954.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Sept 23, 1877</b>	9. AGE (In years last birthday) <b>76</b>	10. <input type="checkbox"/> UNDER 1 YEAR 11. <input type="checkbox"/> UNDER 1 HR. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo. St Louis</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Balthasar Breidenbach</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Woerner</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Breidenbach 2712 Armand Pl</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u></b>  <b>ANTECEDENT CAUSES</b> DUE TO (b) <u>with brain syndrome</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4500</b>	

22. I hereby certify that I attended the deceased from June 25, 1954, to July 6, 1954, that I last saw the deceased alive on July 6, 1954, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>John P. Busch, M.D.</b>		22b. ADDRESS <b>5800 Arsenal St</b>		22c. DATE SIGNED <b>7-6-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/8/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Jul 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>	
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(Licensed Embalmer's Statement on Reverse Side)

