

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6488**

I. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) **St. Louis**
c. LENGTH OF STAY (in this place township) **1 day**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Missouri Baptist**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.**
b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **7 5962 Floy Ave. 2679 D**

3. NAME OF DECEASED
a. (First) **Rose** b. (Middle) **Theresa** c. (Last) **Breidung**
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
July 14 1954

5. SEX **Female**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Dec. 5 1881

9. AGE (In years last birthday) Months Days IF UNDER 24 HRS. Hours Min.
72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and State or Foreign Country) **Germany**

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Not Known

13b. MOTHER'S MAIDEN NAME
Not Known

14. NAME OF HUSBAND OR WIFE
Fred Brieding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Fred Brieding 5962 Floy Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Heart Prostration Hypertension**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **Diabetes Mellitus**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic V Disease

INTERVAL BETWEEN ONSET AND DEATH
48 hrs
7/16/54
12 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Inter capillary glomerular Sclerosis

20. AUTOPSY?
YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?
E9319

22. I hereby certify that I attended the deceased from 7-13, 1954, to 7-15, 1954, that I first saw the deceased alive on 7-14, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above. 46

23a. SIGNATURE (Degree or title)
John T. Kennedy M.D. C.M.

23b. ADDRESS
8733 Riverview

23c. DATE SIGNED
7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
July 17

24c. NAME OF CEMETERY OR CREMATORY
New Pickers Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Mo.

DATE REC'D BY LOCAL REG.
JUL 16 1954

REGISTRAR'S SIGNATURE
J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Buchholz Mortuary 5967 W. Florissant

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student Spalden Miller Jr (4950)
Signature of Student Embalmer

Signed Walter J. Brachley
Licensed Embalmer No. 45

P. O. Address St. Louis

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.