

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9397  
State File No. ....  
2972  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8225 Pennsylvania ave.</b>		d. STREET ADDRESS (If rural, give location) <b>8225 Pennsylvania</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Anthony</b> c. (Last) <b>Bressel Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 31, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>September 9, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Meat Cutter-retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>0</b>
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13a. FATHER'S NAME <b>Anthony Bressel</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mathilda</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>488-07-9846</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Michael Bressel Jr.</b>	ADDRESS <b>8225 Pennsylvania</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Had cerebral hemorrhage 1945</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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) <b>St. Louis Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331x</b>
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22. I hereby certify that I attended the deceased from **May 15**, 19**45**, to **March 31**, 19**55**, that I last saw the deceased alive on **March 30**, 19**55**, and that death occurred at **1.30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Max Ludloff M.D.</b>	23b. ADDRESS <b>572 Over Place</b>	23c. DATE SIGNED <b>4/1/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>emoval</b>	24b. DATE <b>April 4, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>6700 Mt. Olive Road Lemay, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 2 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b>	ADDRESS <b>7814 S. Broadway</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Brook*

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.