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

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24841

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1590

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or Institution, give street address or location): 720 a Lemay Ferry Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 4870
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 720 A. Lemay Ferry Road

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): A.
c. (Last): Breihan

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 12, 1870

9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 1 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and State or Foreign Country): St. Louis County, Mo.

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

13a. FATHER'S NAME: Heinrich Doose

13b. MOTHER'S MAIDEN NAME: Fredericka Meyer

14. NAME OF HUSBAND OR WIFE: Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Miss Edna Breihan — ADDRESS: 720 a Lemay Ferry Road

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 5 years

DUE TO (c) Hypertension; Nephritis — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 334X

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) m.

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

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1954, *to* July 11, 1955, *that I last saw the deceased alive on* July 11, 1955, *and that death occurred at* 3.45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. W. Peters — (Degree or title): M.D.

23b. ADDRESS: 4445 a S. Grand Blvd.

23c. DATE SIGNED: 7/12/55

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

24b. DATE: July 14, 1955

24c. NAME OF CEMETERY OR CREMATORY: St. Trinity Cemetery

24d. LOCATION (City, town, or county) (State): 2000 Lemay Ferry Road

DATE REC'D BY LOCAL REG.: 7/12/55

REGISTRAR'S SIGNATURE: Herbert B. Donke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: C. Hoffmeister U.&L.Co. — ADDRESS: 7814 S. Broadway

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No 267

P. O. Address 7814 S. Bra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitute's 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.