

FILED MAR 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3970

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143 Registrar's No. 170

1. PLACE OF DEATH
a. COUNTY Butler

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

c. CITY OR TOWN Poplar Bluff d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Goodwill Nursing Home e. STREET ADDRESS (If rural, give location) General Delivery 0120

3. NAME OF DECEASED (Type or Print)
a. (First) Irvin b. (Middle) F. c. (Last) Breth

4. DATE OF DEATH (Month) (Day) (Year) 2-18-56

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct. 18, 1887 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (City and State or Foreign Country) / Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Breth 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Rose Breth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI 16. SOCIAL SECURITY NO. 418 05 1628A 17. INFORMANT'S SIGNATURE OR NAME Rose Towers ADDRESS St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease
*This does not mean the mode of dying, such as heart failure, asysthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) Hypertrophy left ventricle
DUE TO (c) Aneurism of aorta
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 022x

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? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE Shirley W. Greer (Degree or title) Coroner 23b. ADDRESS Poplar Bluff, Mo. 23c. DATE SIGNED 2-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2-19-56 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.

DATE REC'D BY LOCAL REG. 2/23/56 REGISTRAR'S SIGNATURE R.H. Mueller 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff, Mo.

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

RECEIVED

BUTLER FEB 27 1956
CO. HEALTH CENTER

FILE No. _____

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 *Wallace N. Fitch*

Licensed Embalmer No. *385*

P. O. Address *Porter Bluff*

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.