

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020210

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5132 STATE FILE NUMBER

FILED JUN 7 1962

1. PLACE OF DEATH
 a. COUNTY - Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 day
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6405 East Court Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Edward F. Breihan May 21 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/4/1882 9. AGE (last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman retired 10b. KIND OF BUSINESS OR INDUSTRY Carondelet Park 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Breihan 13b. MOTHER'S MAIDEN NAME Christina Stricker 14. NAME OF HUSBAND OR WIFE Mathilda

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 Address Mathilda Breihan 6405 East Court, St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis
 DUE TO (c) 420.1
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 445 K to 1300 and last saw her/him alive on May 13 1962. Death occurred at 1300 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. J. M. Smith 22b. ADDRESS 1300 22c. DATE SIGNED 5-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE May 24, 1962 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery 23d. LOCATION (City, town, or county) (State) Lemay, Mo.

24. FUNERAL DIRECTOR ADDRESS C. Hoffmeister Mortuaries 25. DATE REGD. BY REG. MAY 21 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

27. 7814 So. Broadway St. Louis, Mo.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

50

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 *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.

City Coroner