

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18141

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4043) Lucky St

File No.
Registered No. 5393
St. (Word)

2. FULL NAME Katherine Breithaupt

(a) Residence. No. St., Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Breithaupt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17th 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Fred Holden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Ma Bertha Weber (Address) 4043^{1/2} Lucky St

15. FILED MAY 24 1926 Mar 6 Staroboff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-23 1926

17. I HEREBY CERTIFY That I attended deceased from April 9, 1926, to May 23, 1926 that I last saw him alive on May 22nd, 1926, and that death occurred, on the date stated above, at 2nd m.

THE CAUSE OF DEATH¹⁰ WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy of Heart
(duration) 2 yrs. 2 mos. 14 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Harry H. Meyer, M. D.
724, 1926 (Address) 1825 1/2 Taylor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SURGICAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Hope East at Louis DATE OF BURIAL 5-25 1926

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

