

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

Do not use this space.

34150

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 10102
 City St Louis Mo (No. Mo Baptist Hosp.) St. (Ward)

File No.
 Registered No. 9486
 St. (Ward)

2. FULL NAME Chas. F. Breitenmayer

(a) Residence. No. 7818 Grove Ave St. 13 Ward. Wabster Grove Mo
 (Usual place of abode) Wabster Grove Mo. (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22. 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joseph Breitenmayer

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

12. MAIDEN NAME OF MOTHER Mary Liebel

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

14. INFORMANT Carl F. Boyer
 (Address) 7818 Grove Ave

15. FILED OCT 29 1930 W. C. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3rd. 1930
 17. No Physician Attendance
 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 8:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 8:50

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) AOB
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY yes

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. W. Kerne, M. D.

10/4 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul Cem DATE OF BURIAL 10/6 1930

20. UNDERTAKER Prophan Und Co ADDRESS Manchester

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.

