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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 41186

Township ..... Primary Registration District No. 1003 Registered No. 11852

City St.Louis Mo. (No. St.Lukes Hospital St. ..... Ward)

2. FULL NAME Marcel G.Brefeld

(a) Residence. No. ..... St., 12 Ward. Aviston Ill.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29,1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	6	19	

8. OCCUPATION OF DECEASED 195 82A

(a) Trade, profession, or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Hardware

(c) Name of employer Shapleigh Hardwear Co.

9. BIRTHPLACE (CITY OR TOWN) Aviston
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Henry B.Brefeld

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

12. MAIDEN NAME OF MOTHER Anna Eilerman

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

14. INFORMANT Henry B. Hempen
(Address) Aviston Ill.

15. FILED ....., 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1930

17. No Physician in 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 3,25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage and Shock (Traumatic) Fractured Skull (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Manner & cause of same could not be ascertained (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 201a

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John Hurley, M.D.

12,19,19 30 (Address) Deputy 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	DATE OF BURIAL
Aviston Ill.	Dec.22 1930

20. UNDERTAKER	ADDRESS
Fred G. Brefeld	Aviston Ill.

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.