

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **26599**
Registered No. **6769**
St. Ward)

2. FULL NAME

(a) Residence, No. **1803** St. **Montgomery** Ward **26**
(Usual place of abode)
Length of residence in city or town where death occurred **68** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	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) Nov. 28 - 1865				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	7	10	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer General			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1923			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1926			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri			
	13. NAME Edw. H. Brecker			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
MOTHER	15. MAIDEN NAME not known			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Keefe J. Thrent City, Mo				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE Zions DATE July 11, 1934				
19. UNDERTAKER (ADDRESS) W. Leidner, M.D. Co 1417 N. Market St.				
20. FILED 10 1934 19 J. Bredeck Registrar.				

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1934**

22. I HEREBY CERTIFY That I attended deceased from **6/29**, 19**34** to **7/8**, 19**34**
I last saw him alive on **7/8**, 19**34**. Death is said to have occurred on the date stated above, at **5:27** p.m.
The principal cause of death and related causes of importance were as follows:
Heart Prostration Date of onset **6/29/34**
Hypertrophied Prostate
Other contributory causes of importance: **191**
Uremia
Terminal Broncho-Pneumonia
Urinary Retention

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **W. H. McCain** M. D.
(Address) **City, Mo**

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. AUG 15 1934

