

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

Do not use this space.

7634

MAR 28 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks, Mo. Veterans Administration Facility. St. _____ Ward _____

File No. _____
 Registered No. 56

2. FULL NAME Theodore W. BRESSERT

(a) Residence, No. 3032 Bell Ave., St. Louis, Mo. Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri.

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT W. C. GIBSON, M.D., Chief Medical Officer, Vet. Administration Facility, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE 2-14-1935

19. UNDERTAKER Hoffmeister Und. & Liv. Company, St. Louis, Mo., 7214 So. Broadway

20. FILED Feb-11, 1935 J. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10 1935

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1935, to February 10, 1935

I last saw him alive on February 10, 1935. Death is said

to have occurred on the date stated above, at 8:25A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset Unk.

Other contributory causes of importance:

None

Name of operation None Date of operation _____
 History, physical, x-ray & laboratory findings, clinical manifestations, No.
 What test confirmed diagnosis? _____ 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.

Officer _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W.C. GIBSON, M.D., Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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