#9162. AUG - 5 1937

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

Do not use this space.

25781

1. PLACE OF DEATH
County 2
Township 1
City (No. 3321 South 18th St. St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 6955

2. FULL NAME Edward Bressler
(a) Residence, No. 3321 S. 18th St., 24 Ward.
(Usual place of abode) Home Service City Hosp #1 (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 M.
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 Emma Bressler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 1 1880.
7. AGE 56 YEARS MONTHS 11 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~HH~~
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Circular Distributor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME EDWARD BRESLER SR
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia.

MOTHER
15. MAIDEN NAME ELIZABETH RISTIG
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

17. INFORMANT (ADDRESS) David Van Fossan City Hosp Morgue
18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST MARCUS DATE 7-22 1937
19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Meramec Str.
20. FILED JUL 21 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-16-36, 19, to 7-19-37, 19
I last saw him alive on 7-19-37, 19 Death is said to have occurred on the date stated above, at 11 15 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of urinary bladder

Other contributory causes of importance: 51B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) David Weiner, M. D.
(Address) City Hosp #1

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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