

REC'D SEP 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28860

Do not use this space.

1. PLACE OF DEATH

(a) County Goreau Registration District No. 306
 (b) Township Boeing Primary Registration District No. 5424
 (c) City _____ Registered No. 8
 (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

AUGUST JUNIOR BREHE (Stillborn) 600
 (a) Residence, No. Basconade av. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Still born
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
 9. Industry or business in which work was done, as saw mill, bank, etc. —
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) Swiss 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME August C Brehe 0
 14. BIRTHPLACE (CITY OR TOWN) Swiss 0
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Alma Mutschbach
 16. BIRTHPLACE (CITY OR TOWN) Owensville
 (STATE OR COUNTRY) Mo.

17. INFORMANT August J. Brehe
 (ADDRESS) Swiss, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Burial DATE August 17, 1938

19. FUNERAL DIRECTOR (NAME) W. B. Satterstrom
 (ADDRESS) Owensville, Mo.

20. FILED 8-17-1938 John Engelbrecht
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1938, to 8-17 1938

I last saw him alive on — 1938 Death is said to have occurred on the date stated above, at 8⁰⁰ A. M.

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

Atelosteia Date of onset _____

Other contributory causes of importance:

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? Yes
 If so, specify Charles A. L. Smith M. D.
 (Signed) — (Address) —

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.