

REC'D SEP 23 1938

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

229252

Do not use this space.

Registered No. 87

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 421
(b) Township JOACHIM Primary Registration District No. 5-575
(c) City..... (d) Street No.
(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 ANNA BREDECK 632

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 3

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) ST LOUIS MO
(STATE OR COUNTRY)

13. NAME WILLIAM OEMKES

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

15. MAIDEN NAME MARY PEITZ

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

17. INFORMANT A. J. Bredeck
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL ST LOUIS MO
PLACE CALVARY CEMETERY DATE AUG. 29 1938

19. FUNERAL DIRECTOR F. H. HEILIGTAT & SONS
(ADDRESS) KIMMSWICHER MO.

20. FILED 9/2 1938 J. E. Rutledge MO (Address) 632 Metropolitan Bldg
Local Registrar. 387 St. Louis, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934, to Aug 27 1938

I last saw him alive on Aug 27 1938. Death is said

to have occurred on the date stated above, at 2:00 a.m.

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

Coronary Thrombosis
A.H.B.

Date of onset

Other contributory causes of importance:

Arterial Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? History Was there an autopsy? No

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) A. J. Bredeck, M. D.

(Address) 632 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, Edward Koch, Licensed Embalmer No. 92

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edward Koch

Licensed Embalmer No. _____

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.)