

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37178
Registrar's No. 1955

Registration District No. 784D Primary Registration District No. 109

NOV 14 1939

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community About 7 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7615 Marion Court
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Dorothea Anna Breitner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Edmund Breitner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 8 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business 0
MOTHER FATHER
12. Name Frederick Bartels
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dorothea Anna Voelger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Louise Conway
(b) Address 7615 Marion Court, Maplewood, Mo
17. (a) burial (b) Date thereof Nov. 9 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director WERNER GROSS, C.
(b) Address _____
19. (a) NOV 7 1939 (Date received local registrar) (b) A. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 6
year 1939 hour 4 minute 50 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Chronic myocarditis
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature John Howell (M. D. or other) _____
Address Coroner of St. Louis County Date of issue 11/6/39

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.