

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

1076

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1223 N. Market St. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) 18 5 3 years

3. (a) PRINT FULL NAME HENRY CHARLES BREINER  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 (b) Name of husband or wife St. Louis Breinere  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov-12-1899  
 (Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired

## 11. Industry or business

12. Name Unknown  
 18. Birthplace Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Breinere  
 (b) Address 1223 N. Market St.  
 17. (a) Burial (b) Date thereof 2-3-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Hy. Heidner & Co.  
 (b) Address 1417 N. Market St.

19. (a) 2-1940 (b) J. J. Heidner  
 (Date received by registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 26  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1223 N. Market  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 65 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 31  
 year 1940 hour 2 minute a.m.

21. I hereby certify that I attended the deceased from 2-10-40  
 \_\_\_\_\_, 19\_\_\_\_, to 1-31, 19\_\_\_\_  
 that I last saw him alive on 1-30, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Duration \_\_\_\_\_

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 sta-  
 tistically

## 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)  
 (a) Means of injury \_\_\_\_\_

23. Signature W. J. Mellies (M. D. or other) \_\_\_\_\_  
 Address 3825 N. 20th St. Date signed \_\_\_\_\_

in medicine 5825 N 50th  
8-10-27, -1-2-6-8 P.m.  
Ch 3013.

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.....

*John A. Melissari*  
working under my personal supervision.

Registered Apprentice No. *207*

Signed *John P. Buckholz*  
Licensed Embalmer No. *1674*

P. O. Address *3223 S. Main*

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.