

No. 2
13-40
17-39
X23159

1940 425
Registration District No. _____

Primary Registration District No. 5580

State File No. _____

Registrar's No. 14-55

RECEIVED DEC 16 1940

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - MERAMEC
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 YRS, 9 MONTHS, 15 DAYS
(Specify whether
In this community _____
years, months or days) 3

3. (a) PRINT FULL NAME HENRY B. BREDECK
3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE race WHITE 5. Color or race _____
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife NELLIE GALLAGHER 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 29 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 10 hr. min.

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

10. Usual occupation PAINTER, RETIRED

11. Industry or business CASKET MFG.

12. Name JOSEPH BREDECK

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Bonaventura

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof 12-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crem. Cem.

18. (a) Signature of funeral director Craghead and Co

(b) Address 7100 Malchukter Ave

19. (a) 9 Nov 1940 (b) James A. Towers and
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 34 E. JACKSON RD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1940 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from 10 - 21
_____, 1940, to 12 - 9, 1940
that I last saw him alive on 12 - 9 - 40, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerotic cardio-vascular disease

Due to _____
Due to _____

Other conditions Grand mal Epilepsy
(Include pregnancy within 3 months of death)
(Diagnosis)

Major findings:
Of operations _____
Of autopsy _____

Duration

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?
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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Allen McHearney (M. D. or other) _____
Address 1139 Louisville Date signed 12-9-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, fact should be so stated above.

Croshaw Undertaking Co.
Address *7100 Manchester Av.*
St. Louis, Mo.

Paste on

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name *Henry B. Bredeck* Race *W.*
Place and date of death *St. Josephs Hill Inf. Dec. 9, 1940*
Physician (or Coroner) signing Certificate *M^r Kearney, Allen*
Place and date of Embalming *Dec. 10, 1940 St. Louis, Mo.*
Remarks

Signed *Francis A. Williamson* Missouri License No. *3565*