

No. 2
4-13-40
7-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26796

State File No.

6588

Registrar's No.

00
17
9

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

2125 Study

SEP 17 1941
791
SEP 17 1941

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1908 Sidney St.
(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)

3. (a) PRINT FULL NAME Gesina Breeher

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Breeher | 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: November 15 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER { 12. Name Nicholas Jansen

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name do not know

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Breeher

(b) Address 1908 Sidney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/41
(Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John E. Etkin

(b) Address 2630 Washington Ave.

19. AUG 12 1941 (Date received local registrar)

J. W. Redick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis, 231
(If outside city or town limits, write "RURAL")

(d) Street No. 1908 Sidney Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.?..... years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th year 1941 hour 4:30 minute PM M.

21. I hereby certify that I attended the deceased from June 12 1936 to Aug 10 1941;

that I last saw her alive on Aug 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death myo. Carditis (Chronic) 5 yr

Due to Rheumatism 6 months

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 Ed W. Relling (M. D. or other) D

Address 2125 Sidney Date signed Aug 12 1941

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..... *Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address..... 2630 Gravois

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.