

FILLED NOV 19 1941

Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 923 N. Benton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 923 N. Benton Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1941 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 29 1941 to Oct 2 1941
that I last saw him alive on Oct 1 - 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Frozen Compensation
Due to Chon. Myocarditis 24 hrs.
Due to Gen. Art Sclerosis 10 yrs.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 93d
Of operations:
Of autopsy:

Duration
PHYSICIAN
Underline the cause to which death should be charged etiologically.

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. P. Erish (M.D. or P.H.D.)
Address St. Charles Date signed 10/1/41

3. (a) PRINT FULL NAME Fredrick St. Bredenbeck

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena E. Nehlinget 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 22, 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Shoe Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bredenbeck
13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Bredenbeck
15. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Edmet Bredenbeck

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct. 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director N.C. Hallmeyer & Sons

(b) Address 800 N. Second St. Charles, Mo.

19. (a) 10-3-41 (b) Wm. P. Erish
(Date received local registrar) (Registrar's signature)

077 (Licensed Embalmer's Statement on Reverse Side)

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

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 John E. Hallmeyer
Licensed Embalmer No. 2987
P. O. Address St Charles Mo

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.