

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Joseph's Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)

In this community 17 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County Atchison, 999

(c) City or town Atchison, 14  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No) 2  
If yes, name country

3. (a) PRINT FULL NAME Freda Breuer

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Single, 0

6. (b) Name of husband or wife.

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. May 30th, 1898.  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th.  
year 1942 hour 10:00 minute 27 PM.

21. I hereby certify that I attended the deceased from 4-26-42 to 5-13-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism, pulmonary

Duration, 2 hours

8. AGE:

Years	Months	Days	If less than one day
43	11	13	hr. min.

Due to Operation for

Due to Cholecystitis & Cholelithiasis 126

Other conditions (Include pregnancy within 3 months of death)

Major findings: Stone in common duct

Of operations

Of autopsy None

9. Birthplace Doniphan County, Kansas, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Peter A. Breuer,

13. Birthplace Unknown, Wisconsin, 1  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Stienweiden

15. Birthplace Doniphan County, Kansas, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Harold & Paul

(b) Address Atchison, Kansas,

17. (a) Removal (b) Date thereof 5/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas,

18. (a) Signature of funeral director Heaton - 1346 S. Buchanan - Funeral

(b) Address 319 So. 10th Street, Atchison

19. (a) 5-14-42 (b) Rose Hengoff  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Paul Jorgensen (M. D. or other)

Address Date signed 5/14/42

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

11  
1  
4

**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.....

*not embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Harold Bowman*.....

Licensed Embalmer No. *3619*.....

P. O. Address *St Joseph, 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.**