S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22635

FILED AUG 6 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6264

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: ST. ANTHONY'S HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 7121 MINNESOTA AV.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME ANN BREITENSTEIN

3. (b) If veteran, name war NO

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 HARRY

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased SEPT (Month) 23 (Day) 1912 (Year)

8. AGE: Years 29 Months 9 Days 29 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) O MO (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name ANTHONY LUDWIG
13. Birthplace (City, town, or county) of GER. (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) O (State or foreign country)

16. (a) Informant Harry Breitenstein
(b) Address 7125 Minnesota

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 27 42 (Month) (Day) (Year)
(c) Place: burial or cremation SS PETER & PAUL CEM.

18. (a) Signature of funeral director [illegible]
(b) Address 7128 [illegible]

19. (a) JUL 24 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUL 22nd day 22 year 1942 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 15, 1942 to July 22 1942 that I last saw he alive on July 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death V(O) VU) US C part 1(a) Obstruct 10 m. 4 wks.

Due to Subacute appendicitis 3 " Chr. Hepatitis

Due to Brain tumor (Glioma?) (Permanent Shunt)

Other conditions Post. partum 4 wks. Pond Operative 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain tumor malignant

Of autopsy as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature George A. O Sullivan M.D. (M. D. or other)

Address 427 W. Scharner Date signed 7/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Sekeemacher

Licensed Embalmer No. 2679

P. O. Address 732 Tamayfory

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.