S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22637

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6282

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: 5219 Bulwer Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5219 Bulwer Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME A lice Bresch

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 Widow

6. (b) Name of husband or wife John H. Bresch

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

7. Birth date of deceased September 1, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	10	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Cornelius Baggermann
13. Birthplace Unknown (City, town, or county) Holland (State or foreign country)

MOTHER
14. Maiden name Dienna Wegman
15. Birthplace Unknown (City, town, or county) Holland (State or foreign country)

16. (a) Informant Sterling P. Bresch
(b) Address 5219 Bulwer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

JUL 25 1942 874

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1942 hour 7:40 AM minute M.

21. I hereby certify that I attended the deceased from June 24, 1942 to July 24, 1942
that I last saw h alive on July 24, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cornelia Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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

23. Signature Emmy Ross (M. D. or other)
Address 1918 East Grand Date signed

(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 Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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

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