

FILED SEP 1 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7072

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mo
(Specify whether 8 mo)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County _____

(c) City or town Columbia # NR
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Taura Briedecker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / race White

5. Color or White

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Sept 8 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Columbia Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business _____

12. Name George Adam Harres

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

14. Maiden name Gertrude Schermann

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

16. (a) Informant Oliver Briedecker

(b) Address Columbia Ill

17. (a) Removal (b) Date thereof 8-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Ill

18. (a) Signature of funeral director E. Schneider

(b) Address Columbia Ill

19. (a) AUG 24 1942 (Date received local registrar)

J. F. Briedecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 5 1942 to Aug 22 1942

that I last saw her alive on Aug 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pyo. nephrosis - Left kidney

Due to Structure of Left kidney

Due to 57

Other conditions Carcinoma of Left kidney
(Include pregnancy within 3 months of death)

Major findings: Destroyed Left kidney - Small area Cancer

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature Charles D. Howell (M. D. or other)

Address 605 Chestnut St. St. Louis Date signed 8-24-42

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

Howard P. Rowland

Licensed Embalmer No.

3114

P. O. Address

St Louis, 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.