

FILED NOV 5 1942

Registration District No. 119

Primary Registration District No. 5443

Registrar's No. 36

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town RR BERGER MO
(c) Name of hospital or institution: ROCK TWP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 82-9-16
years, months or days

3. (a) PRINT FULL NAME CHARLOTTE BRETHORST

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, 2 divorced WIDOWED
6. (b) Name of husband or wife CHARLES BRETHORST Dec 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased JAN 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 16 If less than one day ✓ hr. ✓ min.

9. Birthplace HERMANN, MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

12. Name Wm BARNER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name OLLMAYER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES BRETHORST

(b) Address BERGER, MO

17. (a) Burial (b) Date thereof 10-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERGER FARM CEMETERY

18. (a) Signature of funeral director Harmon Blum

(b) Address Berger, Mo.

19. (a) Oct. 27-42 (b) A. H. Luedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RR BERGER, MO
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1942 hour 9 minute ✓ P.M.

21. I hereby certify that I attended the deceased from Mar. 28, 1938, to Oct. 25, 1942
that I last saw him alive on Oct 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis
Hypertension
Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations none

Of autopsy none

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 _____

23. Signature John Engelbrecht (M. D. or other)
Address Stang Hill, Mo. Date signed 10-26-42

(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

Hermon Blanner

Licensed Embalmer No. 528

P. O. Address Bryn, 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.