. S. No. 2
DM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5122

State File No.

FILED FEB 25 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 493

48

1. PLACE OF DEATH:

(a) County: Jackson,

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

(c) Name of hospital or institution:
3116 Montgall, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 55 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 3

(c) City or town: Kansas City, 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 3116 Montgall
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x 0

3. (a) PRINT FULL NAME: John G. Breisch

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Hattie M. Breisch

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

7. Birth date of deceased: July (Month) 17 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	12	hr. min.

9. Birthplace: New York (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Brick Mason

11. Industry or business: Retired,

FATHER
12. Name: Fred C. Breisch
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Charlotte Frank
15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Fred E. Breisch,
(b) Address: 934 S. Gilpin, Denver, Colorado

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K.C., Mo.

19. (a) 2-1-43 (Date received by local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1943 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 26-42, 19..., to Jan 29, 1943
that I last saw him alive on Jan 29 — 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Hemorrhage — Duration

Due to: Gastric ulcer —

Due to: 1 Yr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature: Harry R. Thorn (M. D. or other)
Address: 1010 Professional Bldg Date signed 1-29-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Thorn

MAY 24 1963

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 .....

Licensed Embalmer No. 1415

P. O. Address .....

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.