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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1943

318

Registration District No. Primary Registration District No. Registrar's No. 3905

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

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:
CITY HOSPITAL
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....

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

(d) Street No. 3435 VISTA AV.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN BRETTNER

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-09-1552

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 8 minute 40 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CLARA BRETTNER

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

7. Birth date of deceased MAY 10 1879
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia primary

8. AGE: Years Months Days If less than one day

63 | 11 | 15 |

hr. min.

Due to.....

Due to.....

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

10. Usual occupation LINOLEUM & CARPET LAYER

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

11. Industry or business.....

12. Name JOHN BRETTNER

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

14. Maiden name MARGARET NIMEA

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Clara Brettner

(b) Address 3435 Vista Av

17. (a) BURIAL (b) Date thereof APRIL 28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av

19. (a) APR 27 1943 (b) J. J. Mesleak
(Date received local registrar) (Registrar's signature)

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

23. Signature Alfred Henry (M. D. or other).....
Address Deputy Coroner Date signed 4/27/43

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.....

Joe B Vollmer

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette Ave*

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.