

FILED JUL 8 1943

State File No. _____

Registration District No. 311

Primary Registration District No. 6076

Registrar's No. 1528

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

1. PLACE OF DEATH:

(a) County ST. LOUIS.

(b) City or town LEMAY.

(c) Name of hospital or institution: PR. 8 Box 64
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number or location)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County ST. LOUIS.

(c) City or town LEMAY
(If outside city or town limits, write "RURAL")

(d) Street No. PR. 8, Box 64 LEMAY.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME ARTHUR H. BREIDERT

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PEARL

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased OCT 9 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation TRAFFIC REP.

11. Industry or business MO. PAC. RR.

MOTHER FATHER

12. Name HENRY BREIDERT.

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

14. Maiden name CATHERINE BORMAN

15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Breidert

(b) Address PR. 8 Box 64 LEMAY.

17. (a) BURIAL (b) Date thereof 7-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Mausoleum

18. (a) Signature of funeral director J. P. Smith

(b) Address 7128 Olive St

19. (a) JUL 6 1943 (b) C. M. Carson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15, 1943, to June 29, 1943
that I last saw him alive on June 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy gpa

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)

(e) Means of injury _____

23. Signature L. R. Sheridan (M. D. or other) _____
Address 2602 So. Grand Date signed 7-2-43

JUL 26 1943

JUL 8 - 1943

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address

732 Pennsylvania

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.