843
. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36170

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 10198

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1Mo. 14Days (Specify whether
In this community 76 yrs. 0
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. 3106 N. 21st St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Henry Bretscher

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Anna Bretscher
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased ~~November~~ July 12 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	7	hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Retired Dry Goods Man
11. Industry or business Wholesale Dry Goods

FATHER
12. Name Abraham Bretscher
13. Birthplace Unknown (City, town, or county) 5 Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)

16. (a) Informant Fred Bretscher
(b) Address 3106 N. 21st St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) NOV 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19, year 1943 hour 6:10 minute P. M.
21. I hereby certify that I attended the deceased from October 5, 1943, to November 19, 1943; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Degeneration Ht Disease Benign Pyloric Stenosis — Duration

Due to .....

Due to .....

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

Major findings:
Of operations Benign Pyloric Obstruction Gastro enterostomy
Of autopsy Refused

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) None
(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 .....

23. Signature Leo J. Wadi (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 11/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.