S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39564

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1012

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 Infirmary
0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Mo. 21 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12
(c) City or town St. Louis, 9 4 (If outside city or town limits, write "RURAL")
(d) Street No. 2100 East John (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Breitenstein
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race W 0
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Armilda Breitenstein nee Gilpatrick
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased October (Month) 13 (Day) 1869 (Year)

8. AGE: Years 74 Months 2 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name John Breitenstein
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Ann Mary Loudhorst
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)
16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) DEC 30 1943 (Date received local registrar) (b) J. F. Bruech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 29, 1943
year 1943 hour 10 minute 25a. M.
21. I hereby certify that I attended the deceased from 9/8/43, 19 to 12/29, 19 43
that I last saw him alive on 12/28, 19 43
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Heart disease	6 weeks
Due to Arteriosclerosis	several years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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
23. Signature W. Wm. Koenig (M. D. or other) M. D.
Address 5800 Arsenal St. Date signed 12/29/43

(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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis 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.