

FILED FEB 9 1944
Registration District No. **118**

Primary Registration District No. **4188**

Registrar's No. **76**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **OWENSVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **24 YEARS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRIEDRICH JOHN BREDER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MINNIE (HOLTEREWE) BREDER** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **MARCH 24 1861**
(Month) (Day) (Year)

8. AGE: Years **82** Months **10** Days **4** If less than one day **-** hr. **-** min.

9. Birthplace **GERALD MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED FARMER**

11. Industry or business

12. Name **HENRY BREDER**
13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA MARIA VOGEDINS**
15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **OTTO BREDER**
(b) Address **GERALD, MO.**

17. (a) **BURIAL** (b) Date thereof **1 31 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **EPHRAIM CEM. NEAR GERALD**

18. (a) Signature of funeral director **Wilford N. N. Winter**

(b) Address **Owensville Mo.**

19. (a) **January 31, 1944** (b) **Myrtle M. Winkler**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**
(c) City or town **OWENSVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **28**
year **1944** hour **8** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **12 - 29 - 1943** to **1 - 29 - 1944**
that I last saw him alive on **1 - 29 - 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Sclerosis** Duration

Due to

Due to

Other conditions **Cancer of Lip Union**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1/5 N**

Of autopsy

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 **Edw Muller** (M. D. or other)

Address **Owensville Mo** Date signed **1-30-44**

APR 10 1951

FEB 27 1951

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 Me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Milford H. H. White

Licensed Embalmer No.

3838

P. O. Address

Ovensville, Pa.

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.