S. No. 2
OM—5-43
v. 5-17-39
I X36671

23752

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4918

FILED MAR 13 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2068

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 38 Years in St Louis.

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. 1818 A S 13th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Breier

3. (b) If veteran, name war

3. (c) Social Security 497-05-9018

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 11 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	5	21	hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business

FATHER
12. Name Andrew Breier
13. Birthplace Hungary (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Ballinger
15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Breier
(b) Address 1818 A S 13th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 4/44 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET PARK

18. (a) Signature of funeral director Thos Curtis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAR 2 (Date received local registrar) (b) 1944 J. F. Bredeson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1944 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 26th, 1944, to March 1st 44 that I last saw h. im alive on March 1st 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Frank Steinberg (M. D. or other) M.D.

Address 1515 Lafayette Date signed 3/1/44

(Licensed Embalmer's Statement on Reverse Side)

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

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Garrison

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.