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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 20 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29147

Registrar's No. 7904

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: 1908A FERRY ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NIL (Specify whether

In this community 55 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 9

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 1908a FERRY ST (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MATHIAS BREIT

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EMMA BREIT

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

7. Birth date of deceased DEC. 9. (Month) (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	4	hr. min.

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

10. Usual occupation RETIRED BAKER

11. Industry or business BAKER

FATHER
12. Name JOHN BREIT
13. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNK. (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant KARL BREIT

(b) Address 1908a FERRY ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/16/44 (Month) (Day) (Year)

(c) Place: burial or cremation VALLHALLA CEM

18. (a) Signature of funeral director Guedmeyer

(b) Address 3934 N. 20 St.

19. (a) SEP 14 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 13th year 1944 hour 12 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 6th, 1944, to Sept. 13th Incl, 1944; that I last saw him alive on Sept 13th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death (Hemiplegia)

Due to Arterial Sclerosis Cerebral Haemorrhage (non Traumatic)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Alfred Theo. Vogler (M. D. or other)

Address 4244 W. Florissant Date signed 9/14/44

(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.