S. No. 2
M—2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29149
Registrar's No. 8307

Registration District No. 318 Primary Registration District No. 1003

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: 4415 SULPHUR AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1
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. 4415 Sulphur
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

14

3. (a) PRINT FULL NAME George Bresch
3. (b) If veteran, name war NONE
3. (c) Social Security No. 489-20-2932
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Marie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) - 15 (Day) 1876 (Year)

8. AGE: Years 68 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Besse Contrg. Co.,
FATHER
12. Name Casper Bresch
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Eliz. Ackerman
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Lillian Sippel
(b) Address 4415 Sulphur, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery
18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY
(b) Address 6464 Chippewa, St. Louis, Mo
19. (a) SEP 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28 year 1944 hour 9 minute 45 AM.
21. I hereby certify that I attended the deceased from Sept. 13, 1944 19 to 9-28-44, 19 ; that I last saw him alive on 9-28-44, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic hypocardites
Due to c̄ decompensation — 1 yr
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

93

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 O. C. Pfeifer M.D. (M. D. or other)
Address 4523 S. Kings Highway Date signed 9/28/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. O C Pfeiffer
4523 So Kingshighway

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~~ Lewis C. Hoffmeister, Registered Apprentice No. ....., working under my personal supervision.

Signed L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.