

#10935

29150

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8490

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

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..... 17 days
(Specify whether
In this community.....
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..... 1918 Geyer Ave.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... William Bressler

3. (b) If veteran, name war..... None 3. (c) Social Security No..... Unknown

4. Sex..... Male 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Widower

6. (b) Name of husband or wife..... Amelia Bressler 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 2 hr. min.

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

10. Usual occupation..... Shoe repair worker

11. Industry or business.....

MOTHER FATHER { 12. Name..... George Bressler
13. Birthplace..... Unknown Austria
(City, town, or county) (State or foreign country)
14. Maiden name..... Annie Wagner
15. Birthplace..... Unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant..... Robert Bressler
(b) Address..... 9922 Baltimore, Overland

17. (a) Burial (b) Date thereof..... 10/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Mathew

18. (a) Signature of funeral director..... Wm. E. Mondell

(b) Address..... 7926 Gillenwald Ave

19. (a) OCT 5 1944 (b) J. F. Breda
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct. day..... 1st
year..... 1944 hour..... 9:40 minute..... P. M.

21. I hereby certify that I attended the deceased from..... 9/14/44
....., 19....., to..... Oct. 1st....., 19..... 44
that I last saw him..... im..... alive on..... Oct. 1st....., 19..... 44
and that death occurred on the date and hour stated above.

Immediate cause of death..... Pericardium
anemia in relapse

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... not done

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?

While at work?..... (Specify type of place) (c) Means of injury

23. Signature..... E. W. Lybush (Date signed) 10/27/44
Address..... 1515 Lafayette

