

**FILED DEC 12 1944**

Registration District No. **317**

Primary Registration District No. **2002**

Registrar's No. **2358**

1. PLACE OF DEATH:

(a) County **Saint Louis**  
(b) City or town **University City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**6808 Washington**  
(If not in hospital or institution, write street number or location) **1**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis,** **96**  
(c) City or town **University City,** **3**  
(If outside city or town limits, write "RURAL") **5**  
(d) Street No. **6808 Washington Ave.,**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country **U**

3. (a) PRINT FULL NAME **Martha Post Breier**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **C. George Breier** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **July 6 - 1873**  
(Month) (Day) (Year)

8. AGE: - Years **71** Months **4** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business \_\_\_\_\_

12. Name **Frederick Post.**

13. Birthplace **Unknown, Germany.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown, Germany.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **C. George Breier.**

(b) Address **6808 Washington Ave.,**

17. (a) **Cremation.** (b) Date thereof **12/1/44.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.,**

19. (a) **DEC 1 1944** (b) **E. H. McClaussen, M.D.** 23. Signature **E. H. McClaussen** (M. D. or other) **2425 N. Grand Ave** Date signed **12/28/44**  
(Data received local registrar) (Registrar's signature) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**  
year **1944** hour **11** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **June 15**  
19 **32** to **Nov 28** 19 **44**  
that I last saw h. **ei** alive on **11-28-** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary stenosis** Duration **7 yrs**  
Due to **Arteriosclerosis** **12 yrs**

Other conditions **940**  
(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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury **Q**  
Signature **E. H. McClaussen** (M. D. or other) **2425 N. Grand Ave** Date signed **12/28/44**

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

MOTHER FATHER

Dr. E. Horace Johnson.  
2435 N. Grand Blvd.,

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**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

*Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, Mo.*

**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.**