

6. No. 2
M-5-43
5-17-39
I X36671

724311
FILED MAR 14 1945
Registration District No. **818**

Primary Registration District No. **1003**

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 #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 2 mos-1 day
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
17

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL") 20

(d) Street No. 3117 Elliot Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Edward George Breckenkamp

3. (b) If veteran, name war..... No 3. (c) Social Security No.....

4. Sex..... Male 5. Color or race..... White

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

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

7. Birth date of deceased..... June 14, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th
year 1945 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from 12/24/44
....., 19....., to 2/25/45....., 19.....;

that I last saw him alive on 2/25/45....., 19.....
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>8</u>	<u>11</u> hr. min.

Immediate cause of death..... 9 hypertensive heart disease
9 heart disease

Duration

Due to.....

Due to.....

Other conditions..... acute pericarditis
(Include pregnancy within 3 months of death)

9. Birthplace..... St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Cabinet Maker

11. Industry or business.....

MOTHER FATHER { 12. Name..... Henry Breckenkamp

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Minnie Kalmeyer

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy..... Same

Underline the cause to which death should be charged statistically.

16. (a) Informant..... Mrs. Mary Peters

(b) Address..... 3117 Elliot Ave.

17. (a) Burial (b) Date thereof..... Feb. 28, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New Bethlehem Cemetery

18. (a) Signature of funeral director..... Paschedag-Henke Fun. Home
(b) Address..... 2825 N. Grand Blvd.

19. (a) FEB 27 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature..... Herbert C. Fritz (M. D. or other) 0
While at work?..... (Specify type of place) (2) Means of injury.....
Address..... 1515 Lafayette 2/26/45

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Albert G. Hoffa

Licensed Embalmer No. 2971

P. O. Address.....

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.