

FILED FEB 24 1945
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 133

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME: PAMELA KAY BREIT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F | 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept 4 - 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 0
If less than one day hr. _____ min. _____

9. Birthplace: St. Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER }
12. Name: Arnold Eugene Breit
13. Birthplace: Andrew Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name: Ann Elizabeth Johnson
15. Birthplace: Rosendale Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Annie Breit
(b) Address: Savannah Mo

17. (a) BURIAL (b) Date thereof: 2-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Savannah, Mo.

18. (a) Signature of funeral director: E. G. Breit

(b) Address: Savannah Mo

19. (a) 2-7-45 (b) Helen J. Puckle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town: Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1945 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Febr. 1 1945 to Febr. 4 1945
that I last saw h. alive on Febr. 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia Broncho-pulm. acute bilat. stitismed.
Duration _____

Due to _____

Due to _____

Other conditions: _____
(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?
(Specify type of place)

While at work? _____ (e) Means of injury: 0

23. Signature: H. P. Petersen (M. D. or other)
Address: St. Joseph Mo. Date signed: 2-7-45

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

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

E. C. Breit

Licensed Embalmer No.

2658

P. O. Address

Savannah Ga

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.