No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11034

Registrar's No. 3053

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: Lutheran Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Robinson~~ 19

(c) City or town Robinson N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 2219 Ho
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Agnes Bredenkoetter

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Harry Bredenkoetter

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

7. Birth date of deceased February 21st 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	1	11	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Louis Mc Cormick
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose O'Toole
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Bredenkoetter-husband
(b) Address Robinson, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/5/45
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Bros
(b) Address 2849 No Euclid Ave

19. (a) APR 5 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3
year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Mar 29, 1945 to Apr 3, 1945
that I last saw h alive on 4-2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Polycystic Kidneys

Due to 4-2

Due to 133

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. ~~or other~~)
Address 3651 Grandel Sq Zingale Date signed 4-3-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1945

FEB 1 8 1958

MAR 2 2 1946

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.