

FILED JUN 9 1945 18

State File No. 14964

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4738

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#3642 Koeln
(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 Mo. (b) County _____

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

(d) Street No. 3642 Koeln
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Catherine Breidert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month May day 26
year 1945 hour 1.45 minute P. M.

21. I hereby certify that I attended the deceased from FEB 2
1945, to May 26 1945

that I last saw her alive on May 25 1945
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 18 1873
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease

Due to Cerebral apoplexy Myocardial damage

Duration 3 days 1 wk

8. AGE: Years 72 Months 4 Days 8 If less than one day _____ hr. _____ min.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Bormann

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

14. Maiden name Theresa Metz

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

16. (a) Informant Henry Breidert

(b) Address 3642 Koeln

17. (a) Burial (b) Date thereof 5/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

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? _____

18. (a) Signature of funeral director Jas. P. Fuller Jr.

(b) Address 7128 Michigan Ave.

19. (a) MAY 29 1945 J. F. Breidert
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. P. Sullivan M.D. (M.D. or other) M.D.

Address 421 N. Schirmer Date signed 5-28-45

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

20
17
9

MOTHER FATHER

8825

8825

STATEMENT BY LICENSED EMBALMER

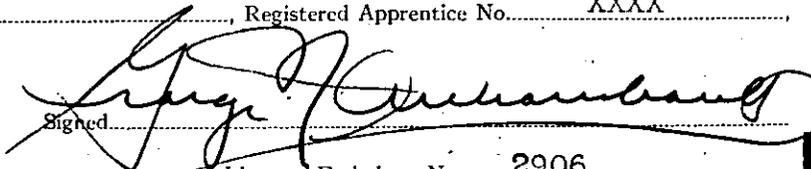
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXX

working under my personal supervision.

Signed.....



Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.