

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24902

State File No.

FILED AUG 11 1945

Registration District No. 379

Primary Registration District No. 3063

Registrar's No. 1937

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On Way To St. Louis CO Hospital
(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 St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL.")
(d) Street R.R. 4, Box 807, Baden Station
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL BREHM JR

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-20-6847

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 April 10 Th 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55----- 2--- 16-- .hr. min.

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

10. Usual occupation _____

11. Industry or business Small Arms Plant

MOTHER FATHER

12. Name Paul Brehm

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

14. Maiden name Victoria Fleishmann

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

16. (a) Informant Paul Brehm St. Louis Co

(b) Address R.R. 4, Box 807 Baden Station

17. (a) burial (b) Date thereof Aug 8 Th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) 8-7-45 (b) B. J. M. Yarranda
(Date received local registrar) (Registrar's signature) msc

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th
year 1945 hour 70 PM minute _____ M.

21. I hereby certify that I attended the deceased from VN ATTENDED 19____ to 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cause unknown

Due to 200c.

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

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

Address St. Louis County Health Dept Date signed 8-7-45

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 Rex E. Campbell
Licensed Embalmer No. 3881
P. O. Address: St Louis, 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.