S. No. 2
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1945

State File No. 38339

Registration District No. 207 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Schluersburg (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME FRED VON-DER BRELGE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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 Mar. (Month) 28 (Day) 1865 (Year)

8. AGE: Years 80 Months 7 Days 5 If less than one day hr. min.

9. Birthplace ~~Merchant~~ Wine Hill Ill (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Carl Hy Von der Brelge
13. Birthplace Dorst Kur (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Steinmeier
15. Birthplace Dorst Kur (City, town, or county) (State or foreign country)

16. (a) Informant Otto Brinkmann

(b) Address Augusta Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 4 (Day) - 45 (Year)

(c) Place: burial ~~or cremation~~ Schluersburg Cemetery

18. (a) Signature of funeral director Thilking & Merchant

(b) Address Augusta Mo

19. (a) Nov 4-1945 (Date received local registrar) (b) Mrs. Edna Rick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 11, 1945 to Nov 2, 1945 that I last saw him alive on Nov 1, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	1 yr
Due to Cl Myocarditis	6 mo.
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy 131

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 G. C. Johnson (M. D. or other) MD

Address Marthasville Mo Date signed 11/3/45

1384

(Licensed Embalmer's Statement on Reverse Side)

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.

M. Muschay 2461
O. Thielking 3759

Signed.....

Licensed Embalmer No.....

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.