

S. No. 2
M-5-43
7-5-17-39
I X36871

7274

State File No.

FILED MAR 13 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2078**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2209 St. Louis Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years
years, months or days (Specify whether)

In this community 59 years

3. (a) PRINT FULL NAME Helen Bresler,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife late Henry Bresler

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

7. Birth date of deceased April 11 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 17
If less than one day

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

10. Usual occupation Pantry Worker

11. Industry or business Mo. Athletic Club.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Henry F. Bresler

(b) Address 2306 Hebert Street.

17. (a) Burial (b) Date thereof: 3-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Leidner Und. Co.

(b) Address 2223 St. Louis Ave.,

19. (a) MAR 3 1946 (b) J. F. Bredesh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2209 St. Louis Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1946 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 4 1946 to Feb 28 1946
that I last saw her alive on Feb 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Organic tubercular heart lesions

Due to

Due to

Other conditions nephritis, chronic
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

Means of injury

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

Address 2330 Union Date signed

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

6224

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 *John P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address... *3223 St. Louis*.....

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.