No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10637

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 625

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7858 Alicia Ave. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2857 Laclede Station Rd. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Frieda Bressmer
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 widowed 2
6. (b) Name of husband or wife George
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 13 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Highland (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Retired Housewife
11. Industry or business
FATHER
12. Name Johnna Diehl
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Susanna Bealer
15. Birthplace St. Charles (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Olga Jones
(b) Address 7858 Alicia Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar. 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.
19. (a) 3-15-46 (Date received local registrar) (b) E. M. Gannon MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11
year 1946 hour 7 minute 05 A M.
21. I hereby certify that I attended the deceased from 3-3, 1946 to 3-11-, 1946
that I last saw her alive on 3-5-, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic
Due to 93d
Due to
Other conditions Senility & Hypertension
(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) no
(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 0
23. Signature J. S. Sheets (M. D. or other)
Address 2560 S. Vandeventer Ave. Date signed 3-11-46

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(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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.