S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1946

State File No. 22571

Registration District No. 2 — Primary Registration District No. 4009 — Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Andrew
(b) City or town: Savannah (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 80 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Andrew
(c) City or town: Savannah (If outside city or town limits, write "RURAL")
(d) Street No.: 401 N 3rd (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Peter Christian Breit
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Mary Emelia Doersam
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: April (Month) 26 (Day) 1876 (Year)

8. AGE: Years 80 | Months 1 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Andrew Co (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation: Lawyer
11. Industry or business .....

FATHER
12. Name: Christian Breit 5
13. Birthplace: No Record (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name: Margaret Jenkins
15. Birthplace: No Record (City, town, or county) Ky. 1 (State or foreign country)

16. (a) Informant: Mrs Mary Emelia Breit
(b) Address: Savannah Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 6-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Savannah
18. (a) Signature of funeral director: E. C. Breit
(b) Address: Savannah Mo
19. (a) 6-14-46 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1946 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from June, 1939, to June 12, 1946 that I last saw him alive on 12 day June, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	7 yrs.
Due to: Chronic Ulcer of stomach & Duodeneum	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 2

23. Signature: Lenia Camp (M. D. or other)
Address: 902 W. Chestnut Date signed: June 14, 1946

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948

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 E. C. Brit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

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.