

FILED FEB 2 1947
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Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

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. 5140 Cabanne avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME GUS BREITT

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 married

6. (b) Name of husband or wife Lucy Breitt 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 10 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>11</u>	hr.	min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st
year 1947 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from 1/19/47
_____, 19____, to 1/21/47, 19____;
that I last saw him alive on 1/21/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Menigitis

Due to pneumococci

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.

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

10. Usual occupation Plumber

11. Industry or business none

12. Name John Breitt

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 Mrs. Lucy Breitt
(b) Address 5140 Cabanne ave

17. (a) burial (b) Date thereof Jan-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director A. Keen to U. Co
(b) Address 2707 N. Grand Blv'd

19. (a) JAN 22 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature George J. Parker (M. D. or other) _____
Address 1515 Lafayette Date signed 1/21/47

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

REMOVE

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

Stanley T. Dixon

Licensed Embalmer No.

4193

P. O. Address

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.