. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36641

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 2322

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sappington (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gravois Rd. (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 Mo. (b) County St Louis 96
(c) City or town Sappington (If outside city or town limits, write "RURAL") 0
(d) Street No. Gravois Rd. (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME ADA BREHM HEUTEL
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late Peter
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug. (Month) 20 (Day) 1869 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	19	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 11 (State or foreign country)
10. Usual occupation Housework
11. Industry or business .....
FATHER
12. Name Adam Brehm
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Anna Keller
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant John Heutel
(b) Address # Gravois Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cem. Sappington
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 11-12-47 (Date received local registrar) (b) Cecil A. J. Sharp MD MSA (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1947 hour 11:55 minute P. M.
21. I hereby certify that I attended the deceased from April, 1947, to November 9, 1947 that I last saw h CR alive on November 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	5 years.
Due to	
93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0
23. Signature Robert M. Tichenor (M. D. or other) MD
Address 4602 Gravois Ave Date signed 11/10/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4607 Thomas

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.