S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1948

Registration District No. 273

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5914

State File No. 42574

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Brazeau
(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 73-10-17
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Elezabeth Breauner

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman Breaumer

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January (Month) 29 (Day) 1874 (Year)

8. AGE: Years 73 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name August Line 4
13. Birthplace ..... Germany /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Martins
15. Birthplace Cape Girardeau Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Breaumer
(b) Address Wittenberg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Wittenberg Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 12-19-47 (Date received local registrar) (b) Jos J Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 16, 1947, to December 16, 1947; that I last saw her alive on December 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 hours
Due to: Arterial Hypertension	
Due to: Arteriosclerosis, General.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83 A

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? 0
(Specify type of place)

While at work ..... (e) Means of injury .....

23. Signature Theodore Fischer (M. D. or other) M.D.

Address Altenburg, Mo Date signed 12-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 148-60
Date Filed 1-13-48

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 Frederic W. Bane, Registered Apprentice No. 510, working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo.

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.