S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6102

Registrar's No. 1585

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oak

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5955 Rear Sherry Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 7 0

If yes, name country

3. (a) PRINT FULL NAME John W. Breitenstein

3. (b) If veteran, name war World War # 1

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gladys K.

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 6 (Day) 1891 (Year)

8. AGE: Years 56 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Pilot Knob, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wabash R. R. Crossing Watchmen

11. Industry or business

FATHER
12. Name John Breitenstein 0
13. Birthplace Pilot Knob, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Armeldia Gilpatrick
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Breitenstein
(b) Address 5955 Rear Sherry Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mathl Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave.

19. (a) FEB 16 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Aortic Stenosis

Due to Cirrhosis of Liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1244

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 3

23. Signature Patrick E. Taylor (M. D. or other)
Address Deputy Coroner Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1945

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 William G Buchholz

Licensed Embalmer No. 2140

P. O. Address St Louis 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.