S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6105

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1323

WRITE PLAINLY—USING 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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Sappington 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #6 Box 220 0
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Arnold Breuer
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 25 (Day) 1884 (Year)

8. AGE: Years 63 Months 6 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Truck Gardener
11. Industry or business
FATHER
12. Name Fred Breuer 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name -------Kosfeld
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Ida Breuer
(b) Address Sappington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave
19. (a) FEB 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1948 hour 8 minute 35A.M.
21. I hereby certify that I attended the deceased from July 1947, 19, to Feb. 6. 1948, 19;
that I last saw im alive on Feb 6, 1948, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	3 years
Due to: Auricular Fibrillation	48 h.
Due to: Thrombophlebitis, sever & leg	7 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95	
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 W. W. Forsman (M. D. ~~or other~~)
Address 9436 Gravois Date signed 2-7-48

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

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.