

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20691  
State File No. 5915  
Registrar's No.

Registration District No. Primary Registration District No. 1003

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: 5015 Ruskin Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County..... 600  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No..... 5015 Ruskin Ave  
(If rural, give location) 9  
(e) Citizen of foreign country?..... No (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME..... August P. Breiback  
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..... Emma Breiback 6. (c) Age of husband or wife if alive..... 61 years  
7. Birth date of deceased..... February 2, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 29 hr. min

9. Birthplace..... Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Shipping Clerk

11. Industry or business..... Cupples Co

12. Name..... Unknown

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Emma Breiback  
(b) Address..... 5015 Ruskin Ave

17. (a) Burial (b) Date thereof..... July 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Zions Cemetery

18. (a) Signature of funeral director..... Calvin F Reutz  
(b) Address..... 4828 Nat Bridge Blvd

19. (a) Jul 2 1948 (b) J. F. Breiback  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1,  
year..... 1948 hour..... 4 minute..... 15 A. M.

21. I hereby certify that I attended the deceased from..... 1-12-48 to..... 6-30-48  
that I last saw him alive on..... 6-30-48  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cardiac Failure  
Generalized  
Coronary Arteriosclerosis  
Primary Ca of Lung  
with metastasis  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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)

23. Signature..... E. J. Lanché M.D.  
While at work..... (e) Means of injury.....  
(M. D. or other)

Address..... 4825 Nat Bridge Date signed..... 7-1-48

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

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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.....

*John A. Mlinar*

Licensed Embalmer No. *4186*

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.