

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8050
Registrar's No. 8050

FILED SEP 24 1948

Registration District No. 318

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:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. City Sanitarium
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA BRECHT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / race W 5. Color or _____
6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 27 1887
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Charles Brecht

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

14. Maiden name Elizabeth Hotz

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

16. (a) Informant Anna Evering

(b) Address 4867 Hamburg

17. (a) Burial (b) Date thereof 9/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) SEP 14 1948 (b) J. F. Brecht
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 12 day
year 1948 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from June 1, 1945, to September 12, 1948, that I last saw her alive on Sept. 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis Diabetes Mellitus

Duration
2 das.
5 yrsx

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Jack R. Ridelman (M. D. or other)
Address 5400 Arsenal St. Date signed 9/13/48

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

MOTHER, FATHER

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.