

No. 35  
10.48

FILED FEB 9 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 286

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

BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Malden</b>		c. LENGTH OF STAY (In this place) <b>52 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>103 South Beckwith Malden</b>		d. STREET ADDRESS (If rural, give location) <b>103 South Beckwith</b>	
3. NAME OF DECEASED a. (First) <b>William</b>				b. (Middle) _____		c. (Last) <b>Bredensteiner</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan, 14, 1949.</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept, 29, 1863</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mts. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Baker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>			11. BIRTHPLACE (State or foreign country) <b>Bouyer, Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Fred. Bredensteiner</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Eliza Bredensteiner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. E. C. Bredensteiner Malden Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>generalized arterio-sclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>d/sco</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>U</b>			
22. I hereby certify that I attended the deceased from <b>Sept</b> , 1949, to <b>Jan 14</b> , 1949, that I last saw the deceased alive on <b>1/14</b> , 1949, and that death occurred at <b>4:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. D. Schuman</b>				23b. ADDRESS <b>Malden, Mo</b>		23c. DATE SIGNED <b>1/22/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan, 16</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Malden Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 4, 1949</b>		REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Day Funeral Home</b>		ADDRESS <b>Malden, Mo.</b>	

RECEIVED

District Health Office No. 2

District File Number 249-20

Date Filed 2-7-49

MAR 21 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed J. D. Schuman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4086

P. O. Address Malden, 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.