

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29841

State File No.

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Rural-Beauf</u>		c. CITY OR TOWN <u>Rural-Beauf</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 Miles East of Berger.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles East of Berger</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN EDWIN BRETHORST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 17 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-7-1898</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>	11. BIRTHPLACE (State or foreign country) <u>Berger, R.F.D. 6 Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Louis Bretherst</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Zech</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Henkhaus, Berger, Mo.</u>
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) <u>Myocardial infarction-rupture</u> ANTECEDENT CAUSES DUE TO (b) <u>Syphilitic aortitis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>9-27, 1947</u> , to <u>9-3, 1949</u> , that I last saw the deceased alive on <u>9-3, 1949</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carroll T. Shaw M.D.</u>		23b. ADDRESS <u>Hermann, Mo</u>	
23c. DATE SIGNED <u>9-17-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/20/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Evang Com</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 19 1949</u>		REGISTRAR'S SIGNATURE <u>Jeffie Grammeau</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll T. Shaw</u>		ADDRESS <u>Berger Mo</u>	

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

~~Death File Number~~

Death Officer No. 9

SEP 27 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 _____
Student Embalmer

Signed

Gustav W. Dietel

Licensed Embalmer No.

4329

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.