

FILED OCT 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35517

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2509

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. CITY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 14 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 54 OR TOWN Maplewood 4544	
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) J. c. (Last) BRECKENKAMP		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-8-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sta. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 5 IF UNDER 1 HR. Days 8
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Louisa Spellman Brecken-		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Breckenkamp, 2124 Del Norte Richmond Hts., Mo	
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) Pneumonia ?? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured pelvis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Fibrotic Pulmonary Change. 21?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 400 9010	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MAPLEWOOD ST LOUIS MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 10/2/50 3 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fall from ladder		22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Oct. 16, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 10:10 p. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) O. E. Keigel, M.D.		23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo	
23c. DATE SIGNED 10-17-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10-19-50		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park C.e.e.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Walter B. Smith, Maplewood 17, Mo.	
DATE REC'D BY LOCAL REG. 10-17-50		REGISTRAR'S SIGNATURE Herbert R. Donke	

RWR

(Licensed Embalmer's Statement on Reverse Side)

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

4002

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Robert T. Sampster

Licensed Embalmer No. *4590*
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.