

No. 300  
10-48

FILED DEC 6 1951

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40077

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>3687</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wamego</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood, Mo.</u>		c. LENGTH OF STAY (In this place) <u>126</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wamego</u>		d. STREET ADDRESS (If rural, give location) <u>612 Walnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. PHS HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u>			b. (Middle) <u>Bernard</u>		c. (Last) <u>Bretz</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>13</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1-17-1901</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>	
13a. FATHER'S NAME <u>Peter Bretz</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Unterberger</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Bretz</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Clinical Records of U.S. PHS HOSPITAL, Kirkwood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of intestinal tract (colon) cause undetermined</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 da.</u>
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Lymphoepithelioma of Rosenmueller's Fossa with metastasis</u>					unknown
		DUE TO (c) <u>Hydronephrosis of right kidney</u>					unknown
11-20-51		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Post Traumatic Encephalopathy</u>					Unknown
19a. DATE OF OPERATION <u>11-2-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Metastasis of cancer to cervical lymph nodes Frontal lobotomy</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wamego, Kansas</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>14-8-X</u>			
22. I hereby certify that I attended the deceased from <u>July 10th, 1951</u> , to <u>Nov. 13th, 1951</u> , that I last saw the deceased alive on <u>11-13-51</u> , 19 <u>51</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Sutter, S.A. Surg</u> (Degree or title)				23b. ADDRESS <u>U.S. PHS Hospital, Kirkwood, Mo</u>		23c. DATE SIGNED <u>11-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wamego, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wamego, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>11-14-51</u>		REGISTRAR'S SIGNATURE <u>Robert R. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood</u>	

MAY 13 1962

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.

Student Embalmer No. ....

Signed

*William H. Pfitzinger*

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address

*Kirkwood 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.