

FILED OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32774

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8940**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 16 Days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2279	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 2616a N. 23rd Street, 6,	
3. NAME OF DECEASED (Type or Print) a. (First) Gerhard b. (Middle) A. c. (Last) Breuer		4. DATE OF DEATH Sept. 24th, 1952 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married (Specify)	8. DATE OF BIRTH Jan. 25th, 1888
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (City and State or Foreign Country) Temple, Texas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Breuer	
13b. MOTHER'S MAIDEN NAME Louise Mueller		14. NAME OF HUSBAND OR WIFE Rose B. Breuer nee Day	
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose B. Breuer, 2616a N. 23rd St. (6)
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) Coronary Occlusion ANTECEDENT CAUSES Arterio Sclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4201	
22. I hereby certify that I attended the deceased from 9/10 , 19 52 , to 9/24/52 , 19 52 , that I last saw the deceased alive on 9/24 , 19 52 , and that death occurred at 3:00P m., from the causes and on the date stated above.			
23a. SIGNATURE Paul H. Demmelt M.D.		23b. ADDRESS 8330 Leeward St	23c. DATE SIGNED 9/25/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/27/52	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL SEP 25 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	

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

8330 Jennings Road,
Co. 3080

Hours: 2:00 P. M. to 7:00 P. M.
(Mon., Wed., Fri.)

1059 Jennings Rd.

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.

Student
Student Embalmer

Signed John A. Menden
Licensed Embalmer No. 4886

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.