

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14479

State File No. 3645

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <i>24 2811 Keokuk</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL #1.</i>			

3. NAME OF DECEASED a. (First) <i>FRANK</i> b. (Middle) c. (Last) <i>BREER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>APRIL 11, 1956</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>10-11-1880</i>	9. AGE (In years last birthday) <i>75</i>	10. Months <i>5</i>	11. Year <i>5</i>	12. If UNDER 1 YEAR Days	13. If UNDER 1 HRS. Hours	14. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>HARDWARE</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>BERNARD BREER</i>	13b. MOTHER'S MAIDEN NAME <i>CAROLINE Schapp</i>	14. NAME OF HUSBAND OR WIFE <i>MINNIE ULMAR</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>MINNIE BREER</i>	18. ADDRESS <i>2811 Keokuk</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Cerebral Arteriosclerosis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>cerebral arteriosclerosis</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *4-7-56*, 19*56*, to *4-11*, 19*56*, that I last saw the deceased alive on *4-11*, 19*56*; and that death occurred at *5:40 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Martha G. Austin M.D.</i>	23b. ADDRESS <i>1515 LAFAYETTE AVE</i>	23c. DATE SIGNED <i>4-11-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>4-13-1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter & Paul Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
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DATE REC'D BY LOCAL REG. <i>APR 12 1956</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wingbermuehle</i>	ADDRESS <i>3819 So. GRAND</i>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. Hughesmuckle Jr.*
Licensed Embalmer No. *461*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.