Health, Welfare & Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36617

Registration District No. 312 Primary Registration District No. 500 Registrar's No. 2370

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Ferdinand Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13063 Spanish Pond Rd. — Length of stay in Ib 7 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Ferdinand Twp — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 13063 Spanish Pond Rd. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First AUGUST Middle F. Last BREUER

4. DATE OF DEATH Month October Day 7th Year 1956

5. SEX male **6. COLOR OR RACE** white **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH August 30th, 1890 **9. AGE** (In years last birthday) 66 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer **10b. KIND OF BUSINESS OR INDUSTRY** farm **11. BIRTHPLACE** (City and state or country) Black Jack, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME Frederick Breuer **14. MOTHER'S MAIDEN NAME** Anna Wamhoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 409-36-9904 **17. INFORMANT** Address Alice Bruer, 13063 Spanish Pond Rd., (wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Cerebral Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ **20b.** DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e.** PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f.** CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/19 to 52 and last saw ~~her~~ him alive on 10/5/52.
Death occurred at 12:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D. **22b. ADDRESS** 1011 Bellefontaine Rd. **22c. DATE SIGNED** 10/8/52

23a. BURIAL, CREMATION, REMOVAL (Specify) burial **23b.** DATE 10/10/56 **23c.** NAME OF CEMETERY OR CREMATORY Valhalla Cemetery **23d.** LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, ADDRESS 8319 Hallsferry **25.** DATE RECD. BY LOCAL REG. 10-9-56 **26.** REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J Wm Bentley

Licensed Embalmer No. 36

P. O. Address St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.