FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6031

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1222

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Little Flower N.H. 18th & Victor — Length of stay in 1b 37	d. STREET ADDRESS (If outside, give location) 3460 Grace Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Charles	Middle: A.	Last: Bressler
4. DATE OF DEATH	Month: Feb	Day: 4	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: Aug 17 1885
9. AGE (In years last birthday): 71	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): Guard	10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Chem Co.	11. BIRTHPLACE (City and state or country): Collinsville, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: John Bressler		14. MOTHER'S MAIDEN NAME: Lengesand	
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.: 488-05-0785	17. INFORMANT: Joseph Fassel	Address: 3460 Grace Ave

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchiogenic Carcinoma Lungs — 4 Mos

DUE TO (c)

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0H

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 October 5 to Feb 57 and last saw ~~her~~ him alive on 4 Feb 57

Death occurred at 1155 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William F McNamee MD	22b. ADDRESS: 7619 Gray	22c. DATE SIGNED: 2/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb 7 1957	23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery	23d. LOCATION (City, town, or county) (State): Collinsville Ill
24. FUNERAL DIRECTOR: J.L.Ziegenhein & Sons	ADDRESS: 7027 Gravois	25. DATE RECD. BY LOCAL REG.: FEB 7 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MGB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 20 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E Benz

Licensed Embalmer No. 486

P. O. Address 7077 Gra

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.