

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020721

FILED VS MAY 18 1960

318

1003

4980

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 7750 Cornell Ave.	

3. NAME OF DECEASED (Type or print) First Middle Last EMMA AUGUSTA BREE			4. DATE OF DEATH Month Day Year May 10 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Felix Gaus		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late John Bree		

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. None	17. INFORMANT John Bree 7300 Nottingham Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Mossie Pulmonary Embolism</i>		<i>20 minutes</i>
DUE TO (b) <i>Fractured right hip</i>		<i>18 days</i>
DUE TO (c) <i>904.0 21</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>fell at home</i>
20c. TIME OF INJURY Hour a.m. p.m. <i>10</i>	Month, Day, Year <i>4-23-60</i>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>30 home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Co. Mo</i>	COUNTY	STATE
21. I attended the deceased from <i>4-23-60</i> to <i>5-10-60</i> and last saw her alive on <i>5-10-60</i> Death occurred at <i>6:40 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <i>W. Edward Lonsche, M.D.</i>	22b. ADDRESS <i>41 N. Central Clayton 5, Mo.</i>	22c. DATE SIGNED <i>5-11-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May 13, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S/S Peter &amp; Paul Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>	(State)
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24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>MAY 11 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*m 23*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Geo. H. Kreighbaum, Jr.*

Licensed Embalmer No.

*4988*

P. O. Address

*St. Louis*

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