

JUN 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17789

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **Fuld House Forest Park**)

File No. **4099**

Registered No. **4099**

St. Ward)

2. FULL NAME **Theodore Breitenstein**

(a) Residence, No. **3038 Sheridan** St., **21** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ida G Breitenstein**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1 - 1869**

7. AGE YEARS **65** MONTHS **11** DAYS **2** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Park Watchman**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Forest Park**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

13. NAME **Louis Breitenstein**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

15. MAIDEN NAME **Elizabeth Moore**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Mrs Ryan** (ADDRESS) **3038 Sheridan ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Peter's** DATE **May 6** 19**35**

19. UNDERTAKER **Cullinane Bros** (ADDRESS) **1710 N. Grand**

J. A. Biedeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 3** 19**35**, to **May 1** 19**35**.

I last saw him alive on **May 1** 19**35**. Death is said to have occurred on the date stated above, at **7:20 p.m.**

The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic Date of onset **1901**

93C

Other contributory causes of importance: **Chronic Bronchitis**

Name of operation..... Date of.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) **C. O'Connor**, M. D. (Address) **1816A N Grand**

FILED 6 1935