

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

NOV 13 1934

37334

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St Louis (No. 5301, Page B)..... St..... Ward.....
File No.....
Registered No. 9745.....

2. FULL NAME

Sister Regina Ellen Breen
(a) Residence, No. 5301 Page B..... St. 6 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

FATHER 13. NAME Henry Breen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Sister Penigues (ADDRESS) 5301 Page B

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabray DATE Oct 5 1934

19. UNDERTAKER Arthur J. Donnelly, 21. 60 (ADDRESS) 3840 Grand St

20. FILED 5 1934 J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Oct 4 1934

I last saw him alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 3 P.m.

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

Broncho Pneumonia Date of onset Sept 26
D.I.A. primary
16 1/2 10 3/4

Other contributory causes of importance: Senility

Name of operation no Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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? No
If so, specify.....
(Signed) Wm. J. Langan, Jr. M. D.
(Address) 5806 Olive Street

