

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**(No. **791**
1003)**2155 A Russell Ave**

File No.....

Registered No.....

St.

Ward)

10745
33192. FULL NAME **Theresa Costello Breen**(a) Residence, No. **1920 A S. Ninth St**, St. **23** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? **50** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female**White****Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**John Breen**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 28. 1874**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**62****6****26**

OCCUPATION

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

Housewife

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)

Germany

FATHER

13. NAME **Charles Missere****Germany**

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

MOTHER

15. MAIDEN NAME **Susana Kaufmann**

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

Germany17. INFORMANT **Albert Castello**
(ADDRESS) **2155 A Russell Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **S.S. Peter & Paul** DATE **March 27, 1937**19. UNDERTAKER **Thos Kuttis**
(ADDRESS) **2906 Gravois Ave**20. FILED **APR 25 1937**

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 23 1937**22. I HEREBY CERTIFY, That I attended deceased from **July 23**, 19**35**, to **March 23**, 19**37**I last saw her alive on **March 23, 1937** Death is said to have occurred on the date stated above, at **8:30 P.M.**

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

**Pulmonary
Carcinoma**

Date of onset

6 mo

Other contributory causes of importance:

Myocarditis, Chronic

Name of operation

None

Date of

What test confirmed diagnosis? **Physical** 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) **J. Lewis Hutton**, M. D.(Address) **902 E. Side Nat Bank Bldg**

Every item of information should be carefully supplied. None should be stated as a cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

