

REC'D MAY 10 1939

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

791
1003

13619
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... or..... Primary Registration District No..... Registered No.....
(c) City..... *St. Louis*..... (d) Street No..... *St. Louis Maternity Hosp.*..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. # *1333 1/2 Mc Cutcherson Ave. NR Richmond Heights Mo*
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Dr. Ruell A. Sloan.</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 16 - 1911</i>				
7. AGE	YEARS <i>27.</i>	MONTHS <i>6</i>	DAYS <i>12</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <i>At Home</i>			
	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) <i>Mauwa, N. J.</i>				
FATHER	13. NAME <i>William J. Breen</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hartford, Conn.</i>			
MOTHER	15. MAIDEN NAME <i>Frances Townsend</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Jersey</i>			
17. INFORMANT (ADDRESS) <i>Dr. R. A. Sloan, # 1333 1/2 Mc Cutcherson Ave.</i>				
18. BURIAL, CREMATION, OR REMOVAL (CITY OR TOWN) DATE <i>West Hartford, Conn. April - 28 - 1939</i>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>C. R. LUPTON & SONS, INC. # 7233 Delmar Blvd.</i>				
20. FILED <i>APR 28 1939</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 28, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 13, 1939* to *Apr 28, 1939*
I last saw her alive on *Apr 28, 1939*. Death is said to have occurred on the date stated above, at *5:30 P.M.*
The principal cause of death and related causes of importance were as follows:
Respiratory failure - cause unknown

Date of onset

Other contributory causes of importance:
Pertussis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *yes*

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 *N.E.P.*
(Signed) *H. O. Plam*, M. D.
(Address) *3720 Washington*

K. 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 importa...

AUG 1 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Clarence H. Murray*

Licensed Embalmer No. *4071*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

13619 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Registered No. 3961
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ethelyn Breen Sloan

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27 6 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 J.F. Budner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) L. J. Patton M. D.

(Address) 3926 Washington St

SUPPLEMENTARY

