

Registration District No. 784

Primary Registration District No. 101

6  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis

(a) County Clayton

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 900 N. Emma  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Carnie Breeden 635

8. (b) If veteran, name war ? 8. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1940 hour 4 minute :20 P.M.

21. I hereby certify that I attended the deceased from 4-18-40  
\_\_\_\_\_ 19\_\_\_\_ to 5-6-40 \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on 5-6-40 \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Edward Breeden 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Feb. 28 1871?  
(Month) (Day) (Year)

Immediate cause of death Cardiac Insufficiency 5420

Due to Hypertensive Heart Disease 2540

Due to \_\_\_\_\_

Other conditions Diabetes Mellitus 59  
(Include pregnancy within 3 months of death)

8. AGE: Years 69? Months 2 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Columbia Mo.  
(City, town, or county) (State or foreign country)

Major findings: Diabetes Mellitus

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Hill

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Maria Hill

15. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Breeden

(b) Address 900 N. Emma

17. (a) Father Dickson (b) Date thereof May 9 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Father Dickson

18. (a) Signature of funeral director J. Lewis

(b) Address 27th and Webster Groves

19. (a) MAY 9 - 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature M. D. [Signature] (M. D. or other) 1

Address Co. 2 [Signature] Date signed 5/7/40

**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

*J. Lewis*

Licensed Embalmer No. *2027*

P. O. Address *22 Kenilworth*

**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.**