

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33870**
Registrar's No. **8567**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **City Hosp Ital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 da**
(Specify whether years, months or days) **3 mos.**

3. (a) PRINT FULL NAME **Harvey Dale Breece**

3. (b) If veteran, name war **--** 3. (c) Social Security No. **--**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **--**

6. (b) Name of husband or wife **--** 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **July 31 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 15 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **-- none**

11. Industry or business **-- none**

12. Name **Herbert Breece**

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

14. Maiden name **Della Allen**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Bruce**

(b) Address **348 Blase**

17. (a) **burial** (b) Date thereof **10-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **OCT 17 1940** (b) **J. B. Breece**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **8**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **348 Blase**
(If rural, give location) **--**
(e) If foreign born, how long in U. S. A.? **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15** year **1940** hour **12:15** minute **0** M.

21. I hereby certify that I attended the deceased from **15** to **15** 19**40**.

that I last saw him alive on **15** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Interstices**

Due to **1**

Due to **1**

Other conditions **1**

(Include pregnancy within 3 months of death)

Major findings: Of operations **119b**

Of autopsy **119b**

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

(a) Accident, suicide, or homicide (specify) **1**

(b) Date of occurrence **1**

(c) Where did injury occur? **1**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work? **1**

(Specify type of place) **1**

(Specify type of injury) **1**

23. Signature **1** (M. D. or other) **1**

Date signed **10/17/40**

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

Oliver E. Fendler

Licensed Embalmer No. *4148*

P. O. Address *St. Louis*

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

If this body is not embalmed, fact should be so stated above.