

Filed AUG 6 1942 91

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Daniel Frank Breen3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced DIVORCED
 6. (b) Name of husband or wife. MYRTIDA 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Oct 19 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>73</u>	<u>9</u>	<u>10</u>	hr. min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation SALESMAN

11. Industry or business

MOTHER FATHER { 12. Name JOHN BREEN
 13. Birthplace IRELAND
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY HANSON
 15. Birthplace IRELAND
 (City, town, or county) (State or foreign country)

16. (a) Informant Frank Breen
(b) Address 4610 Sacramento17. (a) BURIAL (b) Date thereof JULY 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Cullen Kelly(b) Address 7247 NATURAL BRIDGE19. (a) JUL 23 1942 (b) J. F. Credick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ccc
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3812 SHAW AVE
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20,
year 1942 hour 8:50 minute P. M.21. I hereby certify that I attended the deceased from July 9, 19 42 to July 20, 19 42
that I last saw him alive on July 20, 19 42
and that death occurred on the date and hour stated above.Immediate cause of death Psychosis with cerebral arteriosclerosis

Due to.....

Due to.....

Other conditions 97
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

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 John E. Miksiack MD
Address 1515 Lafayette Avenue Date 7/23/42

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

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

Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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, fact should be so stated above.