

S. No. 2
OM-2-43
v. 5-17-39
-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35696

State File No. _____

Registration District No. 310

Primary Registration District No. 1000

Registrar's No. 10385

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks.
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles R. Breeden

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1944 hour 12:00 minute A.M.

21. I hereby certify that I attended the deceased from 11-23, 1944, to 12-4, 1944.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 30 1886
(Month) (Day) (Year)

that I last saw him alive on 12-4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Decomposed Valvular Heart disease

Duration Number of months

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>4</u>	hr. _____ min.

Due to _____

Due to _____

Other conditions 92d
(Include pregnancy within 3 months of death)

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name John Breeden

13. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Rowden

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

16. (a) Informant Mrs. J.B. Sullins

(b) Address Crocker, Missouri

17. (a) Burial (b) Date thereof 12-7-44
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Pulaski County, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 5 1944 (b) J. F. Breeden
(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) (c) Means of injury

23. Signature J. F. Breeden (M. D. or other) MD

Address 4930 Lindbergh Blvd. Date signed 12-4-44

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..... *Albert L. Hoyer*

..... Licensed Embalmer No..... *2971*

..... P. O. Address.....

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.