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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21718
State File No.

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6542

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: People's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days) In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 718 Holland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Velma Breeden
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Moulton Breeden
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased August (Month) 13 (Day) 1899 (Year)

8. AGE: Years 45 Months 11 Days 11 If less than one day hr. min.
9. Birthplace Washington, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name David Kelley
13. Birthplace Berger, Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josephine Smith
15. Birthplace Herman, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Ivory St. James
(b) Address 708 Holland, Webster Groves
17. (a) Burial Faith Dickson (Burial, cremation, or removal) (b) Date thereof 7/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson
18. (a) Signature of funeral director J. C. Luyes
(b) Address 22 Euclid Webster Groves
19. (a) JUL 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 1945 hour 1:45 minutes M.
21. I hereby certify that I attended the deceased from 7/20 1945 to 7/24 1945 and that I last saw her alive on 7/24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to Arterio sclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations NO	
Of autopsy NO.	

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 7/26/45

(Licensed Embalmer's Statement on Reverse Side)

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. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.