S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24796

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1521

**1. PLACE OF DEATH:**

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 3224 BIGBEND RD. (If not in hospital or institution, write street number or location)

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

In this community 25 YRS

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 3224 BIGBEND RD. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME HARRY DICKSON BREEN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased FEBRUARY 14 1919 (Month) (Day) (Year)

8. AGE: Years 27 Months 5 Days 3 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NEWS VENDER

11. Industry or business —

FATHER
12. Name WILLIAM H. BREEN
13. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name STELLA DICKSON
15. Birthplace BUFFALO (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant W H Breen

(b) Address 3224 BIGBEND RD. MAPLEWOOD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-19-1946 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES MO.

19. (a) 7-19-46 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17 year 1946 hour 6 minute 05 A. M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Epilepsy | |
| Due to 85 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No autopsy

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 E S M Gaus M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 7/18/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1945

**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 Leslie Nolich

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

**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.**