S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25076

FILED JUL 26 1946

Registration District No. 318 | Primary Registration District No. 1008 | Registrar's No. 6268

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Saint Louis Ave 517
(If outside city or town limits, write "RURAL")
(d) Street No. 564I Clemens Ave 9
(If rural, give location) 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Breckenridge

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James A. Breckenridge

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

7. Birth date of deceased November 5 - 1877 (Month) (Day) (Year)

8. AGE: Years 68 | Months 8 | Days 10 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Emile Thomure
13. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hunter Breckenridge
(b) Address 7429 Gannon Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/46. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd

19. (a) JUL 16 1946 (Date received by local registrar) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day I5 th year I946 hour I2 minute I5 P.M.

21. I hereby certify that I attended the deceased from July 7, 1946, to July 15, 1946 that I last saw her alive on July 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	2 days
Pneumonia, terminal	2 days
Due to Myocarditis	10 yrs
Aortic regurgitation	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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 [illegible] M. D. or other) M.D.
Address 4962 Maryland Date signed 7/15/46

(Licensed Embalmer's Statement on Reverse Side)

DR. S. H. PRANGER
4952 Maryland Ave
Ro 3062

AUG 9 1938

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.