

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 2 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **338417**  
Registrar's No. **9953**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **4818 Carter Ave.**  
(d) Length of stay: In hospital or institution.....  
In this community.....

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County.....  
(c) City or town **Pattonville**  
(d) Street No.....  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME **Minnie L. Breen.**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Edward M. Breen** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **May - 29 - 1891**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **20** year **1946** hour **10** minute **45** A.M.  
21. I hereby certify that I attended the deceased from **11-15-1946** to **11-20-1946**  
that I last saw **her** alive on **11-20-46** and that death occurred on the date and hour stated above.

8. AGE: Years **55** Months **5** Days **21**  
9. Birthplace **Pacific Missouri**  
10. Usual occupation **Housewife**  
11. Industry or business.....  
12. Name **John A. Ray**  
13. Birthplace **Dont Know**  
14. Maiden name **Emma Holden**  
15. Birthplace **Dont Know**  
16. (a) Informant **Mr. Edward M. Breen.**  
(b) Address **Pattonville, Missouri**  
17. (a) **Burial** (b) Date thereof **11-23-46**  
(c) Place: burial or cremation **Calvary Cemetery**  
18. (a) Signature of funeral director **Cullinane Bros.**  
(b) Address **3320 N. Kingshighway Blvd.**  
19. (a) **NOV 21 1946** (b) **J. R. Bredbeck**

Immediate cause of death **Acute Cardiac Dilatation**  
Due to **Myocarditis, Chronic**  
Due to **Hypertension, Malignant**  
Other conditions **Bronchitis, Acute**  
Major findings: Of operations **None**  
Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **No**  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(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 **Nicholas Statale** (M. D. or other) **MD**  
Address **3861 St. Louis Ave.** Date signed **11/20/46**

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

MOTHER FATHER

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 *Fred Frick*.....

Licensed Embalmer No.....3186.....

P. O. Address *St. Louis, 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.**