S. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

42178

State File No. —

Registrar's No. 10901

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6515 Manchester 19
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County NR5

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

(d) Street No. 7485 Hazel Ave 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME James Norman Breazeale

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Breazeale

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

7. Birth date of deceased 12 (Month) — 20 (Day) — 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	27	..... hr. ..... min.

9. Birthplace Jefferson Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Harry Schultz Co

FATHER
12. Name Benjamin F. Breazeale
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Oliver Breazeale
(b) Address 7485 Hazel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) - 20 (Day) - 1946 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd.

19. (a) DEC 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1946 hour 9 minute 02 A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

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 3

23. Signature Patrick F. Taylor (M. D. or other)
Address Deputy Coroner Date signed 12-19-46

(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.....Lex Campbell.....

Licensed Embalmer No.....3881.....

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.