

No. 2  
-12-45  
-17-39  
X47076

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 249609

**FILED** AUG 13 1948

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(c) Name of hospital or institution: St. Marys Hospital  
(d) Length of stay: In hospital or institution 1 week  
In this community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1815 Franklin Ave  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Baby Girl Breckenridge

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 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 July 19, 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name A. J. Breckenridge

13. Birthplace Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Stanborough

15. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Breckenridge

(b) Address 1815 Franklin Ave

17. (a) Basal (b) Date thereof 7-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Ann

18. (a) Signature of funeral director H. J. Fiedner

(b) Address 2323 St. Louis Ave

19. (a) 7-28-48 (b) Cecil A. J. Stanley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1948 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 21, 1948, to July 27, 1948;  
that I last saw her alive on July 27, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death cessation of respiration from failure of temperature regulating center

Due to Hydrocephalus Meningeal, lumbar region

Due to 157 m

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Hydrocephalus  
Of operations \_\_\_\_\_

Of autopsy conule from vessels thro external jugular vein into sup. vena cava

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

Signature Raymond G. La Sore (M. D. or other) \_\_\_\_\_

Address 9 Picardy Lane, H.I. 15 Date signed 7-28-48

Duration

Minutes

Since birth

Small Birth

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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. P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address

*2223 St. Louis*

**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.**