

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6942

9674

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. County 76	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION 667 W. Lockwood Blvd.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 7	
3. NAME OF DECEASED a. (First) Priscilla Adel b. (Middle) c. (Last) Breitshafft		4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 24 1896
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Meyer	
14. MOTHER'S MAIDEN NAME Rebecca Steinicke		15. NAME OF HUSBAND OR WIFE Henry W. Breitshafft	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. _____	
18. INFORMANT'S SIGNATURE OR NAME Henry W. Breitshafft		19. ADDRESS Webster Grove	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast with Metastasis DUE TO (c) _____			1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			
19a. DATE OF OPERATION 2-22-48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast 50	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-1-43, 1943, to 2-13-49, 1949, that I last saw the deceased alive on 2-13, 1949, and that death occurred at 1:00P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) _____ MD		23b. ADDRESS 204 E. Big Bend	
23c. DATE SIGNED 2-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb 16th.	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) (State) Kirkwood St. Louis Mo	
DATE REC'D BY LOCAL REG. 2-15-49		REGISTRAR'S SIGNATURE _____	
FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

(Licensed Embalmer's Seal - Mount on Reverse Side)

C. C. Aldrich Undertaker & Co

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Leslie Welch

Signed _____
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *White Grove, Ill.*

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.