

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24632
6525
Registrar's No.

BIRTH NO. 44298-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faith		d. STREET ADDRESS (If rural, give location) 2901 No. Jefferson	

3. NAME OF DECEASED (Type or Print)	a. (First) Barbara	b. (Middle) Kay	c. (Last) Breckle	4. DATE OF DEATH (Month) (Day) (Year) 7- 26- 49
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1)	8. DATE OF BIRTH 7-26-49	9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min. 2 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Missouri
				12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Edwin Earl Breckle	13b. MOTHER'S MAIDEN NAME Oneda Eveline Williams	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oneda Breckle, 2901 No. Jefferson
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs. ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature placenta separation DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 159
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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? 776A
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22. I hereby certify that I attended the deceased from 7-26-19 49, to 7-26-19 49 that I last saw the deceased alive on 7-26-49, 19 49, and that death occurred at 4:20A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William V. Bennesson M.D.	23b. ADDRESS 6153 - Natural Bridge	23c. DATE SIGNED 7/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-28-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis County Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JUL 28 1949	REGISTRAR'S SIGNATURE J. B. Sauter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hy. Leidner U. 2223 St. Louis Ave.
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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.

Not Embalmed

Student
Student Embalmer

Signed

John 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.