.300
.48

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39688

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04533

1. PLACE OF DEATH
a. COUNTY: St. Louis,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (In this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7506 Cory Place,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
d. STREET ADDRESS (If rural, give location): 7506 Cory Place,

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) CRUFT c. (Last) BRECK.

4. DATE OF DEATH (Month) (Day) (Year): Nov 27, 1949.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Dec 22, 1892
9. AGE (In years last birthday): 56. IF UNDER 1 YEAR: Months 11. Days 5. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Designer. Unsona Mfg Co.,
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: David Todd Breck.
13b. MOTHER'S MAIDEN NAME: Laura Kershaw.
14. NAME OF HUSBAND OR WIFE: Joyce MacConnell Breck.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War #I. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-01-2478
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Jerry Breck, 7506 Cory Place.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 420.1

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 ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 29, 1946, *to* Nov. 27, 1949, *that I last saw the deceased alive on* Nov 7, 1949, *and that death occurred at* 8A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Sterling MD
23b. ADDRESS: 2050 North & South Rd, St Louis 14 Mo
23c. DATE SIGNED: 11-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation.
24b. DATE: 11/29/49.
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory.
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 11-28-49
REGISTRAR'S SIGNATURE: Herbert R. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. R. Lupton & Sons, 7233 Delmar Blv'd.,
(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1949

OCT 13 1936

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.

Student ..... Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.