

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3343**

317

3064

Registrar's No. **297**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3064		Registrar's No. 297			
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. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (in this place) 10		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson					
d. FULL NAME OF HOSPITAL OR INSTITUTION 15 N. Elizabeth Ave.				d. STREET ADDRESS (If rural, give location) 15 N. Elizabeth Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Delia		b. (Middle) K.		c. (Last) Breen		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 29, 1866			
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 0 4		11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		13a. FATHER'S NAME John Keersmaker		13b. MOTHER'S MAIDEN NAME Virginia VanRugers			
13c. NAME OF HUSBAND OR WIFE John H. Breen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. H. Lincoln Ferguson, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative cardiovascular yrs renal disease hypertension DUE TO (c) Degenerative arthritis severe II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 442X		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X					
22. I hereby certify that I attended the deceased from Aug, 1948 , to Feb. 2, 1950 , that I last saw the deceased alive on 2 Feb, 1950 , and that death occurred at 12:40pm. , from the causes and on the date stated above.									
23a. SIGNATURE Joseph T. J... M.D.				23b. ADDRESS 212 N 7th St		23c. DATE SIGNED 2/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. FEB 3 1950		REGISTRAR'S SIGNATURE Herbert R. Doube, Mo		25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home		ADDRESS Ferguson, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

4001

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

L. M. White

Licensed Embalmer No. *3973*

P. O. Address *L. M. White*

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.