No. 300
10-48

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28902

BIRTH NO. _____ REG. DIST. NO. 3171 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1909

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
c. LENGTH OF STAY in this place: 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 4907 West Pine

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) A.
c. (Last) Breining

4. DATE OF DEATH (Month) Aug. (Day) 8, (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 12, 1891
9. AGE (In years last birthday) 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Consulting Engineer
11. BIRTHPLACE (State or foreign country) Williamsport, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. D. Breining
13b. MOTHER'S MAIDEN NAME Emma Lundy
14. NAME OF HUSBAND OR WIFE Jessie Breining

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ****
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Raymond Breining — **ADDRESS** 4707 Hillside, Indianapo

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) Perforated diverticulum of sigmoid colon c peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS: Coronary heart disease — 4½ yrs.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no surgery
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) 5 78X
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* 7/31, 1950, *to* 8/8, 1950, *that I last saw the deceased alive on* 8/8, 1950, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas R. Bordeaux (Degree or title) M.D.
23b. ADDRESS 4660 Maryland (8)
23c. DATE SIGNED 8/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug. 9, 1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Williamsport, Penn.

DATE REC'D BY LOCAL REG. 8-9-50
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Alexander Sons — **ADDRESS** 6175 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

DR. T. C. BIRDSALL
4660 MARYLAND
2 TO 4.

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Jos. E McCullah

Signed .....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 6176 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.