

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44108

State File No.

FILED JAN 5 1954

11959

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11959					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3113 Sherdian Ave				e. STREET ADDRESS (If rural, give location) 21 3113 Sherdian Ave				2213			
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle) Breedlove			c. (Last)					
4. DATE OF DEATH (Month) (Day) (Year) 12-13-53											
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct 17th 1911		9. AGE (In years last birthday) 42			
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY			
						11. BIRTHPLACE (City and State or Foreign Country) Mineral Springs Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Hill			13b. MOTHER'S MAIDEN NAME Katie Davis			14. NAME OF HUSBAND OR WIFE Marcellus Breedlove					
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.			17. INFORMANT'S SIGNATURE OR NAME Marcellus Breedlove			ADDRESS 3113 Sherdian		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pulmonary Oedema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 522x							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Marcellus Breedlove				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 12/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks		24d. LOCATION (City, town, or county) (State) St. Louis, Mo., Mo.					
DATE REC'D BY LOCAL REG. DEC 19 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE A.L. Beal Und Co						
					ADDRESS 4303 Delmar Blvd						

WRITE PLAINLY—USING UNFAADING 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..

Student.....
Signature of Student Embalmer

Signed *Daniel W. Doyle*.....

Licensed Embalmer No. *4802*.....

P. O. Address *3123 Bell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.