THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2573

STATE FILE NUMBER

FILED FEB 4 1957

90698-56

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 696

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's — Length of stay in 1b Life
32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bollinger
c. CITY OR TOWN ~~St. Louis~~ Marble Hill — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 0096 — Reside on Farm Yes ☐ No ☐
31

3. NAME OF DECEASED (Type or print) First Michael Middle L. Last Breece

4. DATE OF DEATH Month 1 Day 19 Year 1957

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 11-13-1956

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME G.L. Breece Jr.

14. MOTHER'S MAIDEN NAME Mavis Smith

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 Address G.L. Breece Jr. Marble Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure
Cardiac failure (Sudden)
Cardiac congenital defect.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Congenital defect - Septal defect.
DUE TO (c) Microcephaly - Cranial meningioma

INTERVAL BETWEEN ONSET AND DEATH: 68 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Microcephaly 754.4H

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 13 Nov 56, to 19 Jan 57 and last saw her/him alive on 18 Jan 1957
Death occurred at 7:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Read Boles M.D. 0

22b. ADDRESS 35 N. Central, Clayton (5)

22c. DATE SIGNED 22 Jan 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-22-1957

23c. NAME OF CEMETERY OR CREMATORY Bollinger Co, Memorial

23d. LOCATION (City, town, or county) (State) Lutesville, Missouri

24. FUNERAL DIRECTOR ADDRESS WARD Funeral Home, Lutesville, Mo.

25. DATE RECD. BY LOCAL REG. JAN 22 '57

26. REGISTRAR'S SIGNATURE J Earl Smith MD
MJB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. P. Cooper

Licensed Embalmer No. 263

P. O. Addre 237 Lafa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.