

FILED MAY 31 1957

STANDARD CERTIFICATE OF DEATH

State File No. **18478**
Registrar's No. **4850**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 24 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital STREET ADDRESS (If rural, give location) 5420a St. Louis, Mo			
3. NAME OF DECEASED (Type or Print) Marie Breuning		4. DATE OF DEATH (Month) (Day) (Year) May 23 1957	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1-6-97	
9. AGE (in years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Sanguinet		13b. MOTHER'S MAIDEN NAME Daisy Hamilton	
14. NAME OF HUSBAND OR WIFE		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 DAISY A. KENEFICK 4892 FARLIN AVE.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PLEURAL EFFUSION <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pleural effusion		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES Adeno carcinoma uterus and sigmoid colon		11-55	
DUE TO (b) with metastasis			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Paranoid schizophrenia		24 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	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-16 , 19 35 , to 5-23 , 19 57 , that I last saw the deceased alive on 5-23 , 19 57 , and that death occurred at 8:40a m. , from the causes and on the date stated above.			
23a. SIGNATURE Clarence Hyman MD		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 5-23-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 24 1957	
24c. NAME OF CEMETERY OR CREMATORY CAKVARY CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. MAY 23 '57		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. J. O'Grady		ADDRESS 7146 MANCHESTER AV. ST. LOUIS 17 MO	

(Licensed Embalmer's Statement on Reverse Side)

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

2

Anna Newman

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

Harvey Kahl

Licensed Embalmer No. 4596

P. O. Address Florissant

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