

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

57-10-22693
STATE FILE NUMBER 5770

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital				Length of stay in lb 1-day		STREET ADDRESS 209 5245a Gilmore (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John J. McBreen				4. DATE OF DEATH Month Day Year June 19, 1957					
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 18 - 1876		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR IF UNDER 24 HRS. Month Day Hours Min. 4 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man - City Hospital				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Phillip McBreen				14. MOTHER'S MAIDEN NAME Mary Garland					
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 Address Miss Marie McBreen, 5245a Gilmore			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured aneurysm abdominal aorta</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>arteriosclerotic Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <i>acute</i> <i>uncertain</i> <i>uncertain</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								451X	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>2/1/51</i> to <i>6/19/57</i> and last saw ^{her} _{him} alive on <i>6/18/57</i> Death occurred at <i>10:40 am.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Thomas W. Parker M.D.</i>				22b. ADDRESS <i>4660 Maryland St. Louis, Mo.</i>				22c. DATE SIGNED <i>6/20/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 22, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>				ADDRESS <i>3840 Lindell Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 20 57</i>		26. REGISTRAR'S SIGNATURE <i>Frank Smith M.D.</i>	

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 *Donald William*.....

Licensed Embalmer No. *38*

P. O. Address *3840*.....

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