MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-026625

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6420

AMENDED

FILED JUL 25 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 8/62

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 5 days.
c. FULL NAME OF HOSPITAL OR INSTITUTION: Cardinal Glennon Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4137 Donovan Pl.
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Michael Middle: Leroy Last: Breeden

4. DATE OF DEATH: Month: July Day: 11 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7/5/61

9. AGE (last birthday) IF UNDER 1 YEAR: Months: Days: 6 IF UNDER 24 HR: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY:

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

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

13a. FATHER'S NAME: O. Charles Breeden

13b. MOTHER'S MAIDEN NAME: Nora Schaefer

14. NAME OF HUSBAND OR WIFE: —

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.: —

17. INFORMANT: Charles Breeden Address: 4137 Donovan Pl

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): RESPIRATORY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): PREMATURITY — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS
DUE TO (c): 773.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 7/5/61, to 7/11/61 and last saw ~~her~~ him alive on 7/10/61
Death occurred at 7/11/61 3:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. I. Fujita (Degree or title): MD

22b. ADDRESS: 1465 So Grand

22c. DATE SIGNED: 7/11/61

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

23b. DATE: 7-11-61

23c. NAME OF CEMETERY OR CREMATORY: Smyth Ran

23d. LOCATION (City, town, or county) (State): Alton Mo

24. FUNERAL DIRECTOR: Rowland Aker ADDRESS: 4104 Manchester

25. DATE RECD. BY LOCAL REG.: JUL 11 1961

26. REGISTRAR'S SIGNATURE: Noel Smith, M.D.

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_____ Signed Embalmed R. Knowles

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.