MAR 5 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6801

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 119

City St. Louis Mo. (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Breckenridge (Baby boy) BRECKENRIDGE

(a) Residence, No. ..... St., N.P. Ward Kirkwood Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Mrs. C. A. C. Breckenridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrayno Mexico

MOTHER

15. MAIDEN NAME Wengler, Catherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgo, Mo.

17. INFORMANT (ADDRESS) Husband (Mrs. Breckenridge) 127a E. Monroe Kirkwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville Mo. DATE 2-3- 1935

19. UNDERTAKER (ADDRESS) Louis H. Bopp Kirkwood Mo.

20. FILED 2-2 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to Feb. 1, 1935

I last saw him alive on Feb. 1, 1935. Death is said to have occurred on the date stated above, at 11 40 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital atelectasis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. S. Weith, M. D.

(Address) Kirkwood Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.