

DEC 18 1939

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

40661

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757  
(b) Township St. Charles Primary Registration District No. 3036 Registered No. 171  
(c) City St. Charles (d) Street No. St. Joseph's Hoop St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME STANLEY R. BREVILLE

(a) Residence, No. Valley Park, Mo. R. 1 St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary V. Breville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/26/1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor  
9. Industry or business in which work was done, as 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, Mo.

FATHER 13. NAME Henry Breville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Mary Kempf

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

17. INFORMANT (ADDRESS) Mary V. Breville  
Valley Park, Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis County  
Immaculate Bazaar DATE 11/20/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bennett W. Rock  
Fresno, Mo.

20. FILED 11/18/39, 19 Blanche S. Messer  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Head Inquest, Nov. 10 and Nov. 17-39, 19

I last saw him alive on Nov. 17, 1939, 19. Death is said to have occurred on the date stated above, at 9:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary embolism -  
shrapnel pneumonia -  
Multiple fractures -  
abscesses of right lung -  
empyema due to abscess -

Other contributory causes of importance:  
(Deceased was occupant of  
automobile in collision that  
injuries resulted in his death.

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 Accident Date of injury 11-9-39  
Where did injury occur? near So. Charles - Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
On U.S. Highway #40  
Manner of injury Collision automobile and truck  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 2  
If so, specify \_\_\_\_\_  
(Signed) Dr. H. B. Bue  
(Address) Crown St. Charles Co. Mo.

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**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, me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Kenneth W. Koch*

Licensed Embalmer No. 3047

P. O. Address Fenton

**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 this body is not embalmed, above space should be left blank.**