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NOV 16 1940
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8793**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4942 W. Pine Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20
(Specify whether years, months or days)

In this community 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Clay N. Breeze

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Amanda S. Breeze 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan. 11, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>9</u>	<u>13</u>	hr. min.

9. Birthplace Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Notion

12. Name Reason Breeze

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Farnell

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amanda S. Breeze

(b) Address 4942 W. Pine Blvd.

17. (a) Burial (b) Date thereof Apr 28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd.

19. (a) OCT 25 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4942 West Pine Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 th., year 1940 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from September 5th, 1940, to Oct 24, 1940, and that death occurred on the date and hour stated above.

that I last saw him alive on Oct 24th 1940, 1940.

Immediate cause of death Chronic Myocarditis

Due to Fibrosis (Chronic) of Lung
not Tuberculosis

Due to Corrosion of Liver

Other conditions Corrosion
(Include pregnancy within 3 months of death)

Duration Indefinite

PHYSICIAN

Major findings:
Of operations X X X none

Of autopsy No

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury _____

23. Signature Harry H. Meyer (M. D. or other) _____
Address 4903 Belmont Date signed 10/25/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Stanley Marshall

Licensed Embalmer No.....

2868

-P. O. Address.....

3840 Lindell Bl

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, fact should be so stated above.