

3. No. 2
-11-10-39
5-17-39
-I X2149

REC'D DEC 7-1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39795**
Registrar's No. **2202**

Registration District No. **7820**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 8 months
(Specify whether
In this community Life
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural Cleveland
(If outside city or town limits write "RURAL")
(d) Street No. 3239 Marshall Avenue
(If rural, give location)
0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Marie Weaver Breen

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Earl Breen 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 17, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 4 hr. min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business at Home 0

MOTHER FATHER { 12. Name John Weaver 0

18. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Coleman

15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Earl D. Breen

(b) Address 3239 Marshall Avenue.

17. (a) Burial (b) Date thereof 11/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. ...

(b) Address 2215 W. South Grand Blvd.

19. (c) (Date received local registrar) (d) I. K. ...
(Registrar's signature)

(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1940 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Aug 5,
1939, to Nov 21st 1940
that I last saw her alive on Nov 20th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
General carcinomatosis 2 yrs

Due to Carcinoma of breast
metastatic

Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Carcinoma of breast
Of operations _____
Of autopsy none

Duration
Physician
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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Arnold H. Wurger (M. D. certifier)
Address 2900 St. Charles Rd Date signed 11/22/40

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 *Howard G. Rowland*

Licensed Embalmer No. *03114*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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