

FILED MAR 17 1942 791

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George W. Breece

3. (b) If veteran, name war No 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 Mary A. Breece 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 10 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Julia Donahue
15. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Breece

(b) Address Meta, Missouri

17. (a) Burial (b) Date thereof 2/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 16 1942 (b) J. L. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries
(c) City or town Meta
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1942 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 3, 1942, to Feb 12, 1942

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease
5 yr duration Duration 10 yr

Due to Diabetic gangrene of toe
Due to Diabetic neuropathy

Other conditions Diabetic neuropathy
(Include pregnancy within 3 months of death)

Major findings: Gangrene of foot
Of operations _____
Of autopsy _____

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 D

23. Signature J. L. Bredebeck (M. D. or other) M.D.
Address 3720 Washington Date signed 2-13-42

10-25-22

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
Licensed Embalmer No. 1994
P. O. Address Saint Louis

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.