V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35212

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9385

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Arkansas (b) County 0

(c) City or town Guion 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Jessie Breeden

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie Breeden

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 7, 1873 (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Abe Breeden
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Nancy Hilton
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Walter Breeden
(b) Address Chesterfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Guion, Arkansas

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) NOV 14 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1942 hour 3.50 A.M. minute M.

21. I hereby certify that I attended the deceased from Oct 24, 1942, to Nov 9, 1942, that I last saw him alive on Nov 8, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Prostatic Enlargement	?
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. T. Thomborsky M.D. (M. D. or other)

Address 984 Arcade Bldg. Date signed Nov 9 1942

(Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eynok

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.