

APR 23 1943

818

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **3433**

1. PLACE OF DEATH:
(a) County **St Louis MO.**
(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: **CITY HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 DAYS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Baby BREAKFIELD.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **1**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year) **4 ~ 5 - 1943**

8. AGE: Years _____ Months _____ Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **ST LOUIS MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **NIL**
11. Industry or business **NIL**

12. Name **HARRY BREAKFIELD.**
13. Birthplace **MO.** (City, town, or county) (State or foreign country)
14. Maiden name **DORIS ELIAS.**
15. Birthplace **MO.** (City, town, or county) (State or foreign country)

16. (a) Informant **HARRY BREAKFIELD.**
(b) Address **914 HICKORY.**

17. (a) **BOREAL** (Burial, cremation, or removal) (b) Date thereof **APR 13 43** (Month) (Day) (Year)
(c) Place: burial or cremation **SS PETER AND PAUL**

18. (a) Signature of funeral director **[Signature]**
(b) Address **2906 [Address]**
19. (a) **APR 12 1943** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **000 122**
(c) City or town **ST LOUIS MO.** (If outside city or town limits, write "RURAL")
(d) Street No. **814 HICKORY.** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APRIL** day **11** year **1943** hour **11:15** minute **AM.**
21. I hereby certify that I attended the deceased from **APR.** 19 **43** to **APR 18** 19 **43**
that I last saw him alive on **APR 18** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Electrocardiogram**
Due to **Pericarditis**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **159**
Major findings: Of operations _____
Of autopsy **Refused**

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 **[Signature]** (M. D. or other)
Address **City Hospital** Date signed **4-11-43**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

844

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.....
.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

David Van Gossan

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Harris a*.....

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.