

FILED MAR 1 1944
318

Primary Registration District No. 1003

Registrar's No. 1561

28

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution: St. James & Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 hours
(Specify whether in this community years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
171

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 92

(d) Street No. 1412 Cass
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Viola BRECKEN

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11-19-44
year 1944 hour 5 minute 40 A.M.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 7 10 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him..... alive on..... and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 1 Days 1 If less than one day hr. min.

Immediate cause of death.....
Chronic Myocarditis
Chronic Interstitial
Nephritis

9. Birthplace..... La. 1
(City, town, or county) (State or foreign country)

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

10. Usual occupation maid

11. Industry or business.....

Major findings:
Of operations.....
Of autopsy.....

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

12. Name not obtainable

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

14. Maiden name.....

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

16. (a) Informant Thomas Brown

(b) Address 3033 Delmar

17. (a) Burial (b) Date thereof 2 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAK Dale

18. (a) Signature of funeral director Charles B. Howells

(b) Address 2834 Campbell

19. (a) FEB 17 1944 (b) J. F. Brecken
(Date received local registrar) (Registrar's signature)

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 3

23. Signature Thomas F. Callahan (M. D. or other)
Address Deputy Coroner Date dictated 2-17-44

St. Louis

2011-11-18

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 *Walter R. McDaniel Jr*

Licensed Embalmer No. *436*

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.