

STANDARD CERTIFICATE OF DEATH

State File No. 10712

10712

Registrar's No. 673

673

FILED MAR 27 1946
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ROCK
(c) Name of hospital or institution: ROBERT ROED HOSP. O
(d) Length of stay: 223 day
In this community 223 day

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County —
(c) City or town ST. LOUIS
(d) Street No. 718 LAMI
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

KELLY BREEDEN

(b) If veteran, name war —

(c) Social Security No. 495-24-1223

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 10 - 21 - 1891

8. AGE: Years 54 Months 4 Days 29
If less than one day — hr. — min.

9. Birthplace WAVERLY TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation FACTORY WORKER

11. Industry or business —

MOTHER FATHER
12. Name HENRY BREEDEN
13. Birthplace TENN.
14. Maiden name SARAH POWERS
15. Birthplace TENN.

16. (a) Informant PATIENT
(b) Address —

17. (a) Removal RR (b) Date thereof March 20/46
(c) Place: burial or cremation Newport Arkansas

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) 3/21/46 (b) 24 W. Garrison St. Rock Mo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20
year 1946 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8-7-45 to 3-20-46
that I last saw him alive on 3-20-46
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis

Due to 138

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: —
Of operations —
Of autopsy —

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? —
(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 Sheel S. Kucendick (M. D. or other) —
Address Rock Mo Date signed 3/21/46

APR 3 1948

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 *Dany A. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.