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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10008

Primary Registration District No. 1003.

Registrar's No. 3115

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

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17
9

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri.

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 2337 Howard St. (If rural, give location) 9

Memorial 20

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Baby Girl Breedon

3. (b) If veteran, name war: ---

3. (c) Social Security No.: ---

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: February 28th, 1948 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 10 min.

9. Birthplace: St. Louis City Hospital (City, town, or county) (State or foreign country)

10. Usual occupation: nil

11. Industry or business:

FATHER
12. Name: Manuel Breedon
13. Birthplace: Eminence (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Beatrice Moore
15. Birthplace: Morfield (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: M. Renard
(b) Address: St. Louis City Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: MAR 31 19 (Month) (Day) (Year)
(c) Place: burial or cremation: Anatomical Board

18. (a) Signature of funeral director: Rowland Mortuary Service
(b) Address: 4104 Manchester Ave.

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1948 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from 2/28/48, 19..., to Feb. 28th, 19 48 that I last saw her alive on Feb. 28th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: PREMATURITY — Duration

Due to: CAUSE UNKNOWN

Due to:

Other conditions (Include pregnancy within 3 months of death): 159

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: Edward M. Parkin M.D. (M. D. or other)
Address: 1515 Lafayette Date signed: 3/1/48

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.