

FILED MAY 7 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4004

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:
Missouri Baptist Hospital;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Law

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

(d) Street No. 5598 Waterman Ave.,
12 (If rural, give location)

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

3. (a) PRINT FULL NAME John T. Breen,

3. (b) If veteran, name war No

3. (c) Social Security No. 498-10-7201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 th
year 48 hour 5 minute 55 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Breen

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

7. Birth date of deceased August 22, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25, 1947, to April 26, 1948
that I last saw him alive on April 26, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

71 8 4 hr. min.

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

Immediate cause of death Cardiac Paralysis
Coronary Occlusions
Arteriosclerosis Sudden
Due to Myelitis-Horacalcitons
Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk

11. Industry or business

12. Name John Breen.

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

14. Maiden name Bridget Hanlan

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

Major findings:
Of operations None

Of autopsy None

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

16. (a) Informant Mrs Earl O. Eise

(b) Address 3042 Maywood, Normandy, Mo.

17. (a) Burial (b) Date thereof 4/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wagoner Mortuary.

(b) Address 4161 Lindell Blvd.

19. (a) APR 28 1948 (b) J. F. Bredick
(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) Means of injury

23. Signature Harry H. Meyer (M. D. or other)
Address 4903 Delmar Date signed 4/27/48

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 Robert T. Sangster

Licensed Embalmer No. 4290

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.