

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17103

FILED MAY 20 1949

State File No. 4208

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital.		d. STREET ADDRESS (If rural, give location) 22 Washington Terrace.	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL. b. (Middle) WILSON. c. (Last) BREADON.			4. DATE OF DEATH (Month) (Day) (Year) May 10, 1949		
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH July 26, 1876.	9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 9 Days 14 IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired..		10b. KIND OF BUSINESS OR INDUSTRY Real Estate.	11. BIRTHPLACE (State or foreign country) New York City, New York.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Breadon.	13b. MOTHER'S MAIDEN NAME Jane Wilson.	14. NAME OF HUSBAND OR WIFE Rachel Wilson Breadon.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Rachel W. Breadon. ADDRESS 22 Washington Terrace.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HO St
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 155X

22. I hereby certify that I attended the deceased from **3-29**, 19**49**, to **5-10**, 19**49**, that I last saw the deceased alive on **5-10**, 19**49**, and that death occurred at **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. Hyland M.D. (Degree or title)	23b. ADDRESS 3903 Park Ave	23c. DATE SIGNED 5-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation.	24b. DATE 5-11-49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
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DATE REC'D BY LOCAL REG. MAY 11 1949	REGISTRAR'S SIGNATURE J. B. Boster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, 7233 Delmar Blvd.,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Robert Hyland.
39012 Park
GR - 1414

Not Embalmed

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *4011*

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.