

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13829

3346

BIRTH NO. 0		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 3346	
1. PLACE OF DEATH G. 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 town) St. Louis		c. LENGTH OF STAY (In this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219	
3. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				2. STREET ADDRESS (If rural, give location) 802 Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J c. (Last) Breeland			4. DATE OF DEATH (Month) (Day) (Year) March 30 1951				
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE Colored		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. <input checked="" type="checkbox"/>		8. DATE OF BIRTH Sept. 7, 1864	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Michigan	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Breeland		13b. MOTHER'S MAIDEN NAME Mary Lucas		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Undet.		16. SOCIAL SECURITY NO. Undet.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Rhodes, 2601 N Whittier St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined					
		DUE TO (c) Osteo Arthritis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)	
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 443X			
22. I hereby certify that I attended the deceased from 11-8, 1950, to 3-30, 1951, that I last saw the deceased alive on 3-30, 1951, and that death occurred at 3:15a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alvin J. Thompson				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 APR 10 1951		24c. NAME OF CEMETERY OR CREMATORY St. Louis		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. APR 10 1951		REGISTRAR'S SIGNATURE J. B. Carater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. St. Louis 10, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis 10, Mo.

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.