

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6718

State File No.

FILED MAR 10 1953

176

5-661

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BIRTH NO. _____		REG. DIST. NO. <u>222</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normal - R. 1</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo. R. 1</u>		0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's, Mo. R. 1 Home</u>				d. STREET ADDRESS (If rural, give location) <u>St. Ann's, Mo. R. 1 - 7th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Omega</u>		b. (Middle) <u>Breidensteine</u>		c. (Last) <u>Breidensteine</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8 - 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 9 - 1888</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, O</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Egle</u>		14. NAME OF HUSBAND OR WIFE <u>George Breidensteine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>9</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilson Smith (Bro) 4144 E. 9th</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION* I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident - Rt. cortical</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Chl</u> <u>Arteriosclerosis</u>		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 <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> to <u>Feb. 8, 1953</u> , that I last saw the deceased alive on <u>3/8</u> , 1953, and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Emeth Glover MD</u>				23b. ADDRESS <u>St. Vernon, Mo</u>		23c. DATE SIGNED <u>2/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 10 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi. S. of Chesapeake, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Bury</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Heath, St. Vernon, Mo</u>			

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

550

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed J. W. Fessick

Licensed Embalmer No. 2701

P. O. Address 174, Tennant, 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.