

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36551**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1203**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 35 yrs.		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Temple 6th & Robidoux		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) 3121 St. Joseph Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rudie	b. (Middle) Sherman	c. (Last) Breit	(Month) November	(Day) 10	(Year) 1954

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 23, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bus operator	10b. KIND OF BUSINESS OR INDUSTRY Light & Power Co.	11. BIRTHPLACE (City and State or Foreign Country) Savannah, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Ed Breit	13b. MOTHER'S MAIDEN NAME Mary Alice Deakin	14. NAME OF HUSBAND OR WIFE Jennie M.
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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. 491-09-8914	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie Breit	ADDRESS 3121 St. Joseph Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Arteriosclerosis		
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 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb. 11, 1946**, to **Nov. 10, 1954**, that I last saw the deceased alive on **Nov. 10, 1954**, and that death occurred at **9:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Cynthia Smith MD	(Degree or title)	23b. ADDRESS 218 N. Seventh St. St. Joseph 54, Missouri	23c. DATE SIGNED 11-12-54
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24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 11/13/1954	24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	24d. LOCATION (City, town, or county) (State) Fillmore, Missouri
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DATE REC'D BY LOCAL REG. Nov 17, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485-0	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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APR 19 1955

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..

Student.....
Signature of Student Embalmer

Signed *James B. Hawkins*.....

Licensed Embalmer No. 45.....

P. O. Address 319 E. 10th St.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.