No. 300
10-48

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

27349

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 87

0920
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**1. PLACE OF DEATH**

a. COUNTY: St. Charles

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Dardenne)

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #40 5.2 miles East of Junction #40-61

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton

4147

d. STREET ADDRESS (If rural, give location): 712 South Central

**3. NAME OF DECEASED** (Type or Print)

a. (First): John

b. (Middle): Mathew

c. (Last): Breece

**4. DATE OF DEATH** (Month) (Day) (Year): September 3 1955

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married

**8. DATE OF BIRTH**: September 7, 1949

**9. AGE** (In years last birthday): 5 — If under 1 year: Months 11, Days 26 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired):

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Lee Kevin Breece

**13b. MOTHER'S MAIDEN NAME**: Katharine Ipsan

**14. NAME OF HUSBAND OR WIFE**:

**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.**: none

**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Lee Breece - 712 S. Central, Clayton

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto-Accident- car forced off road and overturned. Injuries were crushed legs and hips, severe head injuries.

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.*

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INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**: 32

**20. AUTOPSY?** YES ☐ NO ☐

**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)** 090 (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* held an inquest on September 8, 1955, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Morris Murchany Coroner

**23b. ADDRESS**: Wentzville, Missouri

**23c. DATE SIGNED**: Sept. 8, 1955

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: Sept. 8, 1955

**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: Sept 9 '55

**REGISTRAR'S SIGNATURE**: Ea Keithly 280

**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Morris Murchany Wentzville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Westfield, Me

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.