

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034884

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2442

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>VINITA PARK</u> ⁴⁰⁰⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp. 6 DAYS</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>8325 MONROE AVE</u>
3. NAME OF DECEASED (Type or print) First <u>Joan</u> Middle <u>Breck</u> Last <u>Breck</u>		4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 10. 1927</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At. HOME</u>	9. AGE (In years last birthday) <u>31</u>
11. BIRTHPLACE (City and state or country) <u>TERRE HAUTE, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>THEODORE MINGER</u>		13b. MOTHER'S MAIDEN NAME <u>OLIVE HAWKINS</u>	14. NAME OF HUSBAND OR WIFE <u>GORDON BRECK</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>GORDON BRECK - 8325 MONROE AVE.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Overdose of Sedative (Doriden) Intoxication</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9/15/58</u>
DUE TO (b) _____			<u>9708</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self-ingested Doriden Sedative</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year <u>A.M. 9-15-58</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
		20f. CITY, TOWN, OR LOCATION <u>Vinita Park, St. Louis Co., Missouri</u>	
21. I attended the deceased from <u>9-15-1958</u> to <u>9-21-1958</u> and last saw her alive on <u>9-21-1958</u> Death occurred at <u>7: P.</u> on the date state above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Angelo A. Spens M.D.</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	
		22c. DATE SIGNED <u>9-22-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/23/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Rose LAWN CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>TERRE HAUTE, INDIANA.</u>	
24. FUNERAL DIRECTOR <u>C.R. LUDTON & SONS 7233 DELMAR</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	

USE ONLY BLACK-INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
Corrected by Dr. Spens
Affidavit of Dr. Spens
Dated 9/30/58

OK

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.