

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002767

STATE FILE NUMBER

2 719

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Mo. Baptist Hosp.** Length of stay in 1b **3 Days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS **1463 Shawmut Pl.** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **Salena Mary Louise Breiding**
4. DATE OF DEATH Month Day Year **1 19 1959**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED** NEVER MARRIED WIDOWED 2 **DIVORCED**
8. DATE OF BIRTH **Jan. 25, 1878** **9. AGE** (In years last birthday) **80** **FUNDER 1 YEAR** Months _____ Days _____ **IF UNDER 24 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **Home** **11. BIRTHPLACE** (City and state or country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Gustave Sudhoff** **13b. MOTHER'S MAIDEN NAME** **Catherine Barth** **14. NAME OF HUSBAND OR WIFE** **Henry Breiding**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes No or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT** **Miss Clarice Breiding** Address **1463 Shawmut**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **ACUTE MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **5 MIN.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **ARTEROSCLEROTIC HEART DISEASE** **10 YEARS**
DUE TO (c) **ARTEROSCLEROSIS, GENERALIZED** **10 YEARS**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **DIABETES MELLITUS 4200** **19. WAS AUTOPSY PERFORMED?** YES NO 2

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from **JAN. 16, 1959** to **JAN. 19, 1959** and last saw her alive on **JAN. 19, 1959**
Death occurred at **8:02 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert A. Hall, M.D.** **22b. ADDRESS** **3902 LAFAYETTE ST. LOUIS, MO.** **22c. DATE SIGNED** **JAN. 21, 1959**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** **23b. DATE** **1/22/59** **23c. NAME OF CEMETERY OR CREMATORY** **Oak Grove Cem.** **23d. LOCATION** (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR **Drehmann-Harral, 1905 Union Blvd.** ADDRESS **25. DATE RECD. BY LOCAL REG.** **JAN 22 '59** **26. REGISTRAR'S SIGNATURE** **Earl Smith MD**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300

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061

Dr. Robert A. Hall
43 Washington Terrace

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 *Warren A. Carver*

Licensed Embalmer No. *3538*

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