MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12165 -62-048197 STATE FILE NUMBER

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY - - -
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri — Length of stay in 1b 13 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY - - -
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4736 Virginia — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leopoldine Middle M. Last Breckner
4. DATE OF DEATH Month December Day 16, Year 1962
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-18-1872
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 own home
11. BIRTHPLACE (City and state or country) Transylvania, Austria
12. CITIZEN OF WHAT COUNTRY U.S.A. (Nat.)
13a. FATHER'S NAME John Brecktner
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE John Breckner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no - 4 -
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Hedwig Breckner Address 4736 Virginia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma right breast — 15 mo.
DUE TO (c) 170 X F

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fracture left femur - with carcinoma in that area

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell at Hursinghome 18th & Victor
20c. TIME OF INJURY Hour a.m. p.m. ? Month, Day, Year 12, 4, 1962
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Little Flower Convalescent Home
20f. CITY, TOWN, OR LOCATION St. Louis, MO. COUNTY STATE

21. I attended the deceased from Jan 1951, to Dec 16, 1962 and last saw her/him alive on 12/16/62
Death occurred at 1:35 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Czabrinski MD.
22b. ADDRESS 3701 Crandall Sq
22c. DATE SIGNED 12/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-19-62
23c. NAME OF CEMETERY OR CREMATORY Lakewood Park
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY SAM ADDRESS 6464 Chippewa
25. DATE RECD. BY LOCAL REG. DEC 18 1962
26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

OK Helen L. Taylor Coroner 12-18-62

MEDICAL CERTIFICATION

Dr. Ed. Czebrinski
3701 Grandel Sq.
JE. 3-4430

1 of 4

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 Lamar C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.