N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

14154
3650

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 3115 Lackland Avenue St. ..... Ward)

File No. 14154
Registered No. 3650

2. FULL NAME Rachel Louise Breen
(a) Residence, No. 3115 Lackland Avenue St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jacob Breen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (At Home)
10. Date deceased last worked at this occupation (month and year) Nov. 1936
11. Total time (years) spent in this occupation 42 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve County, Missouri

FATHER
13. NAME William Patterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve County, Mo.

MOTHER
15. MAIDEN NAME Mary Byington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve County, Missouri

17. INFORMANT V. B. Delano
(ADDRESS) 3115 Lackland Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre, Mo. DATE April 6th 1937

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

APR 5 1937

20. FILED ..... 19..... J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23 1937, to April 4 1937
I last saw her alive on April 4 1937. Death is said to have occurred on the date stated above, at 11:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	1936
Chronic Myocarditis	1934
Arteriosclerosis	1934

93C

Other contributory causes of importance:

Chronic Pyelonephritis non-obstructive	1937

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frances S. Wenzel, M. D.
(Address) 3831 So. Kingshighway