

SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27519

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 7019

1. PLACE OF DEATH:

1003

- (a) County St. Louis
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
5951 DeGiverville Ave
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community 1 year
years, months or days

8. (a) PRINT FULL NAME Anna Funk Brands 653

8. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Peter H. Brands 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased December 1, 1863
(Month) (Day) (Year)8. AGE: Years 75 Months 8 Days 11 If less than one day _____ hr. _____ min.9. Birthplace Jefferson County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation nil

11. Industry or business _____

12. Name Christian Funk13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Ernestine Kuntz15. Birthplace New York City
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Ethel Munn(b) Address 5951 DeGiverville17. (a) Burial (b) Date thereof 8-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Emmanuel Evangelical18. (a) Signature of funeral director Alexander D. Sore(b) Address 6125 Dehuar19. (a) AUG 12 1939
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
- (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
- (d) Street No. 5951 DeGiverville
(If rural, give location)
- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1939 hour 3 minute _____ A. M.21. I hereby certify that I attended the deceased from 9/3/38
_____, 19____, to 9/11, 1939
that I last saw her alive on 9/11, 1939
and that death occurred on the date and hour stated above.Immediate cause of death
Carcinomatous metastasis of carcinoma of sigmoid
Due to Colon

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations performed Sept. 38 by Dr. J. W. Stewart - Bellair Hospital
Of autopsy Resection growth from sigmoid

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas C. Bondrae (M. D. or other) _____
Address 4660 Maryland Date signed 8/12/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

T. C. Birdall
4860 Maryland
R.D. 0467
10 to 11³⁰

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.....

Albert C. White....., Registered Apprentice No. 209.....
working under my personal supervision.

Signed Jos. E. McCulloch.....
Licensed Embalmer No. 2460.....
P. O. Address 6175 Deeman.....

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, above space should be left blank.