

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

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9835  
Registrar's No. 2883

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>2 Illinois</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST LOUIS</u> )		c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolland</u>		11 _____			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC Hosp</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED a. (First) <u>MARIE</u>			b. (Middle) <u>MARY</u>		c. (Last) <u>BRANDS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 1949</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Sept 15 1889</u>		9. AGE (In years last birthday) <u>59</u> if UNDER 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) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Prussia, Prussia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Bivenie</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Dairon</u>			14. NAME OF HUSBAND OR WIFE <u>Arnold H. Brands</u>			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arnold H. Brands, Rolland Ill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodgkin's Disease</u>				ANTECEDENT CAUSES _____				DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				446-201X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Feb 25, 1949</u> to <u>Mar 27, 1949</u> , that I last saw the deceased alive on <u>Mar 25, 1949</u> , and that death occurred at <u>10:10P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>The Gentle, MD</u>				23b. ADDRESS <u>Mo. Pac Hosp</u>			23c. DATE SIGNED <u>Mar 28, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>3-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Chester Ill</u>			
DATE REC'D BY LOCAL REG. <u>MAR 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasatch</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u>				

28882

**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.

Signed Ronald Yabuke

Signed .....  
Student Embalmer

Licensed Embalmer No. 3217

P. O. Address Waukegan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.