

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38545**
9659
Registrar's No. **1003**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Normandy St. Louis)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		b. COUNTY St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			d. STREET ADDRESS (If rural, give location) R.R. - 509 Country Club Dr		
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle) C.	c. (Last) Brandes
4. DATE OF DEATH November 7 1949		5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 24 1892		9. AGE (In years last birthday) 57	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J.C. Brockmeier		13b. MOTHER'S MAIDEN NAME Julia Harstick	14. NAME OF HUSBAND OR WIFE Fred Brandes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred Brandes ADDRESS 509 Country Club Dr		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Several Metastases			INTERVAL BETWEEN ONSET AND DEATH 1948
19a. DATE OF OPERATION 1945		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 50		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none 170X		
22. I hereby certify that I attended the deceased from 4-2 , 1949, to 11-7 , 1949, that I last saw the deceased alive on 11-6 , 1949, and that death occurred at 2 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE W. Staeble (Degree or title) M.D.		23b. ADDRESS 7124 Natural Bridge		23c. DATE SIGNED 11-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 9 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	
DATE REC'D BY LOCAL HEALTH DEPT. NOV 9 1949		REGISTRAR'S SIGNATURE J.B. Fasater		FEDERAL DIRECTOR'S SIGNATURE Carin F Feutz ADDRESS 4828 Nat Bridge Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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, fact should be so stated above.