

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 7 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 5194

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 5194	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 9356 West Pine 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Caryl		b. (Middle) Jean		c. (Last) Brunotte.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		4. DATE OF DEATH (Month) (Day) (Year) 6 12 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student; University of Missouri.		10b. KIND OF BUSINESS OR INDUSTRY _____		8. DATE OF BIRTH Jan. 24 1930		9. AGE (in years last birthday) 20	
11. BIRTHPLACE (State or foreign country) Chic., Ill /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William F. Brunotte.		13b. MOTHER'S MAIDEN NAME Dorothy Frech.	
14. NAME OF HUSBAND OR WIFE - - - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-30-5206		17. INFORMANT'S SIGNATURE OR NAME Wm. F. Brunotte; Brentwood, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LUPUS ERYTHMATOSUS DISSEMINATUS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UNKNOWN (LUPUS).  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 months	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H56X			
22. I hereby certify that I attended the deceased from June 12, 1950, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 9:15 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Frank B. Nohy D. M. D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 6-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/1950		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 REG. JUN 13 1950		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons; 7233 Delmar Blvd.,			

(Licensed Embalmer's Statement on Reverse Side)

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

*Emb. Separate Certificate*

13 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

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.