

FILED JUL 22 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24600

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>6041</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2199</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4429 Westminster</b>		d. STREET ADDRESS (If rural, give location) <b>4429 Westminster</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Teckla</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Brundies</b>
4. DATE OF DEATH		(Month) (Day) (Year) <b>July 12, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 23, 1874</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>				
13a. FATHER'S NAME <b>Bernard J. Gears</b>		13b. MOTHER'S MAIDEN NAME <b>Margarta Ann Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Brundies</b> ADDRESS <b>4429 Westminster</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES <b>arteriosclerosis</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>2 da</b>  <b>2</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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? <b>none</b>
22. I hereby certify that I attended the deceased from <b>July 10, 1950</b> , to <b>July 12, 1950</b> , that I last saw the deceased alive on <b>July 10, 1950</b> , and that death occurred at <b>12:00 p. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>D. J. Verda M.D.</b> (Degree or title)		23b. ADDRESS <b>Fisher Bldg</b>		23c. DATE SIGNED <b>7-13-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-13-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>
24d. LOCATION (City, town, or county) (State) <b>Meppen, Ill.</b>				
DATE REC'D BY LOCAL REG. <b>JUL 13 1950</b>		REGISTRAR'S SIGNATURE <b>Jr B Casater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....  
*Robert M Murray*

Licensed Embalmer No.....

*3749*

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.