

FILED OCT 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31556
Registrar's No. 8126

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). 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) 2 WKS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.		d. STREET ADDRESS (If rural, give location) Box 342 R.R. #9 Lemay 23, Mo.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EMMA	b. (Middle) OTTILIA	c. (Last) BRINNER	(Month) Sept	(Day) 26	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 11, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Emil Naumann	13b. MOTHER'S MAIDEN NAME Ida Schuchardt	14. NAME OF HUSBAND OR WIFE John C. Brinner
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 John C. Brinner
		ADDRESS Lemay 23, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomas, Generalized</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma sigmoid</u> DUE TO (c) <u>Peritonitis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 12 Sept 1950	19b. MAJOR FINDINGS OF OPERATION <u>Observed Bowel (sigmoid) Generalized Carcinomas</u>	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 <u>153X</u>

22. I hereby certify that I attended the deceased from Sept 11, 1950, to Sept 26, 1950, that I last saw the deceased alive on Sept 25, 1950, and that death occurred at 2:25 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Mc Donald M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>9/26/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Affton Mo.

DATE REC'D BY LOCAL REG. SEP 26 1950	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenhein & Sons	ADDRESS 7027 Gravois
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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.

Student Embalmer No.....

Signed.....

W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Grava

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.