

No. 300
10-48

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7021

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 409

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
c. CITY (If outside corporate limits, write RURAL and give township)
St. John's Station 7 Mo. 15 TOWN Pine Lawn 4151

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION
Rugh Manor Rest Home

d. STREET ADDRESS (If rural, give location)
4233 Rosewood

3. NAME OF DECEASED
a. (First) AMELIA b. (Middle) BRANDRIFF c. (Last) BRANDRIFF

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 11 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Feb. 13, 1870 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Jefferson Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Baptiste Everard 13b. MOTHER'S MAIDEN NAME Unknown Pyros 14. NAME OF HUSBAND OR WIFE Late William Brandriff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ray Brandriff 4233 Rosewood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis

ANTECEDENT CAUSES DUE TO (b) Cerebral Apoplexy

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

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 NO 334X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 29th, 1951 to Feb 11th, 1951, that I last saw the deceased alive on Feb 10th, 1951, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Na Schmittacher M.D. 23b. ADDRESS 8816th St Charles Rd 23c. DATE SIGNED Feb 12th 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 14, 1951 24c. NAME OF CEMETERY OR CREMATORY New Pickers Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 2/2/51 REGISTRAR'S SIGNATURE Herbert R. Lomke 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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

4004

8.11.10
Mr. Stovesand
1/2

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 Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.