

FILED MAY 12 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 13834

Registrar's No. 3989

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2099
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4329 Obear Ave.</b>		
3. NAME OF DECEASED a. (First) <b>Ethel</b>		b. (Middle) _____	c. (Last) <b>Brindley</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 29 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____
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</b>
13a. FATHER'S NAME <b>Edward Mayhugh</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Mayhugh</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hugh Brindley 4329 Obear Ave.</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>cerebral vascular thrombosis &amp; hemorrhage</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>hypertensive art scler. dis</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>17 days</b> <b>unk</b>
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) <b>332x</b>			
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? <b>fall</b>			
22. I hereby certify that I attended the deceased from <b>4-19</b> 19 <b>51</b> , to <b>4-26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4-26</b> , 19 <b>51</b> , and that death occurred at <b>2:15</b> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Wayne O. [Signature]</b>			23b. ADDRESS <b>2739 N. Grand</b>		23c. DATE SIGNED <b>4-26-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/30/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		
DATE REC'D BY LOCAL OFFICE <b>APR 27 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sullivan Funeral Dir. 2849 N. Euclid</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Faint handwritten notes at the top left of the page.*

*Handwritten mark resembling a stylized 'D' or '2' in the center of the page.*

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**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.....

*Handwritten signature: Gustav A. [unclear]*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4329*

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.