

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17869

State File No. _____
Registrar's No. 4804

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Saint Louis		2179
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hosp			e. STREET ADDRESS (If rural, give location) 3933 Shenandoah Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) R. c. (Last) Brasher			4. DATE OF DEATH (Month) (Day) (Year) May 22nd, 1951		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 1/28/1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Lammert Furn. Co.	11. BIRTHPLACE (State or foreign country) Homer, Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Brasher		13b. MOTHER'S MAIDEN NAME Fannie Bledsoe	14. NAME OF HUSBAND OR WIFE Amanda C. Brasher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 492-09-7273	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amanda Brasher, 3933 Shenandoah Ave.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Duodenum</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcir of Duodenum 5 years</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis of Liver</u></p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u></p>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>152X</u>				
22. I hereby certify that I attended the deceased from <u>May 2, 1957</u> , to <u>May 22, 1957</u> , that I last saw the deceased alive on <u>May 21, 1957</u> , and that death occurred at <u>1:04 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>	23b. ADDRESS <u>7840 California</u>		23c. DATE SIGNED <u>5/22/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/25/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		
DATE REC'D BY LOCAL _____	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natl. Bridge Bl</u>		

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.....
Student Embalmer

Signed Ralph C. Linder

Licensed Embalmer No. 4275

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.