

No. 300
10. 48

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18812

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2279

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maried	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle 0630	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			
3. NAME OF DECEASED a. (First) ROSE (Type or Print)		b. (Middle)	
c. (Last) BRANNON		4. DATE OF DEATH (Month) (Day) (Year) MAY 26 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH July 14, 1870
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Freeburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Calvin Breeding		13b. MOTHER'S MAIDEN NAME Nancy Garnett	
14. NAME OF HUSBAND OR WIFE Tom			
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. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nancy Grider, 2705 Arden			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary abscess bronchopneumonia unknown ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Thrombus of pulmonary vessel unknown 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. Arterio Sclerotic heart disease unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 465X	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-26-1951, to 5-26-1951, that I last saw the deceased alive on 5-26-1951, and that death occurred at 9:45 m., from the causes and on the date stated above.			
23a. SIGNATURE J. F. Wacker, M.D. (Degree or title)		23b. ADDRESS 601 S. Brentwood Clayton, Mo.	
23c. DATE SIGNED 5/27/51			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 5-27-51	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) Belle, Mo.	
DATE REC'D BY LOCAL REG. 5-27-51		REGISTRAR'S SIGNATURE Herbert R. Bumb, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *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.