No. 3000
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32093

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3219

4005
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1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights
c. LENGTH OF STAY (in this place) 1½ Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 48 Richmond Hgts 4485
d. STREET ADDRESS (If rural, give location) 1100 Bellefue

3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Lidwina b. (Middle) Brachtesende c. (Last)

4. DATE OF DEATH (Month) Sept. (Day) 20 (Year) ,1951

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH March 24, 1884

9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Hospital

11. BIRTHPLACE (State or foreign country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Julius Brachtesende

13b. MOTHER'S MAIDEN NAME Maria Kramer

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Reticulum cell sarcoma of pancreas with metastases to stomach and lungs. — INTERVAL BETWEEN ONSET AND DEATH 6-5-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ 9-20-51
DUE TO (c) 157X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-14-50

19b. MAJOR FINDINGS OF OPERATION Inoperable sarcoma - lymph gland removed.

20. AUTOPSY? YES ☐ NO ☒

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) m.

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* 6-5-50, 19__, *to* Sept. 30, 1951, *that I last saw the deceased alive on* Sept. 20, 1951, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James R. [illegible] M.D. Mo. Theatre Bldg.

23b. ADDRESS

23c. DATE SIGNED 9/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 24, 1951

24c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEMETERY

24d. LOCATION (City, town, or county) ST. LOUIS, MO. (State)

DATE REC'D BY LOCAL REG. 9-23-51

REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE J. H. Bocklage

ADDRESS 6536 Clayton Rd.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John J. Haines

Signed.....
Student Embalmer

Licensed Embalmer No. 4108

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.