

S. No. 300
V. 10-48

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34865
Registrar's No. 9055

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY <i>Washington</i>	
d. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Nashville</i> <i>8120</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>401 W. St. Louis St.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Jessie</i> b. (Middle) <i>Dee</i> c. (Last) <i>Brandis</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>10-10-51</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>April 29 - 1893</i>	9. AGE (In years) (Last birthday) <i>58</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework for self</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wm. H. Brydon</i>	13b. MOTHER'S MAIDEN NAME <i>Melissa Hale</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Milled Russ</i>	ADDRESS <i>Nashville, Ill.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>2 year</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of rectum</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>154X</i>
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22. I hereby certify that I attended the deceased from *6-11*, 19*51*, to *10-10*, 19*51*, that I last saw the deceased alive on *10-10*, 19*51*, and that death occurred at *12:25 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>F. R. Bradley</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>BARNES HOSPITAL</i>	23c. DATE SIGNED <i>10-10-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Oct. 12.</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Nashville Illinois</i>
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REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. L. Mann</i>	ADDRESS <i>Nashville Ill.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EMERALD MEDICAL REG. OCT 15 1951

VS
JUL 12 1960

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..... *J.D. Mann*.....

Licensed Embalmer No. *5040 Illinois*

P. O. Address *Nashville Illinois*

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.