

STANDARD CERTIFICATE OF DEATH

FILED APR 12 1952

No. 48

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2635

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1313 SHENANDOAH 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1313 SHENANDOAH			
3. NAME OF DECEASED a. (First) BARBARA (Type or Print)		b. (Middle) LEE c. (Last) BRAND	
4. DATE OF DEATH (Month) (Day) (Year) MAR. 18 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH (In years last birthday) (If under 1 year Months) (Days) (If under 12 hrs. Hours) (Min.) SEPT. 23, 1946 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FARRELL BRAND	13b. MOTHER'S MAIDEN NAME MARY ZERA	14. NAME OF HUSBAND OR WIFE
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. NONE	17. INFORMANT'S SIGNATURE OR NAME FARRELL BRAND 1313 SHENANDOAH

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) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Hydrocephalus II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
---	---	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

22a. SIGNATURE Catharine Taylor Carver	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3.20.52
---	------------------------	----------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 21 1952	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
---	---------------------------	---	---

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 20 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia	ADDRESS 2906 Gravois
--	--	--	-------------------------

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 James C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906

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.