

STANDARD CERTIFICATE OF DEATH

State File No. **11325**
2511

FILED MAR 24 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 19 4315 Lindell	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Rudolph	b. (Middle) J	c. (Last) Brynda	(Month) 3	(Day) 4	(Year) 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-11-1909	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor Manchester Bank		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Charles Brynda		13b. MOTHER'S MAIDEN NAME Frances Kratochvil		14. NAME OF HUSBAND OR WIFE Single	
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. 497-18-9912		17. INFORMANT'S SIGNATURE OR NAME Anna Kloud Tyrol	
				ADDRESS 4616 Tyrol	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Art. Occlusion		DUE TO (b) Arteriosclerotic heart dis.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200		

22. I hereby certify that I attended the deceased from **3-3, 1953**, to **3-4, 1953**, that I last saw the deceased alive on **3-4, 1953**, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John A. Hammond M.D. (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 3/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-9-53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Louis Co	
				24d. LOCATION (City, town, or county) (State) Mo	

DATE REC'D BY LOCAL REG. MAR 6 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen	
				ADDRESS	

3.6. (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 *Dale A. Straumann*

Licensed Embalmer No. *4533*

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.