

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15501**
Registrar's No. **4350**

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY Missouri b. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____ c. CITY OR TOWN St. Louis 2249 d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3837 Pennsylvania Ave. e. STREET ADDRESS (If rural, give location) 24 3837 Pennsylvania Ave.

3. NAME OF DECEASED a. (First) George b. (Middle) _____ c. (Last) Brecht 4. DATE OF DEATH (Month) (Day) (Year) April 26 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH Mar. 11, 1882 9. AGE (In years last birthday) 71 10 UNDER 1 YEAR Months _____ 11 UNDER 2 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Conway Arkansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Brecht 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Elizabeth Brecht

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Brecht 3837 Pennsylvania

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cirrhosis of liver* MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 MONTHS
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____ 5810

22. I hereby certify that I attended the deceased from Feb 25, 1953, to April 26, 1953, that I last saw the deceased alive on April 25, 1953, and that death occurred at 11:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred W. Rolling M.D. 23b. ADDRESS 2125 Sidney ST 23c. DATE SIGNED APRIL 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-29-53 24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Ceme. 24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 28 1953 J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldner 3634 Gravois Ave.

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2675
P. O. Address.....
R. Semmes

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.