

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19235

State File No.

FILED JUN 10 1953

5370

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 Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 3 yrs 7 mo. c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital. e. STREET ADDRESS (If rural, give location) 13 5600 Arsenal Street.

3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) L. c. (Last) Brynda 4. DATE OF DEATH (Month) (Day) (Year) 5 27- 53

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Feb. 26, 1895 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 YEAR Hours _____ Min. _____

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

13a. FATHER'S NAME Godfrey Werges 13b. MOTHER'S MAIDEN NAME Mary Vaubel 14. NAME OF HUSBAND OR WIFE Charles Brynda

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles F. Brynda 2870a Texas Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES Generalized Arteriosclerosis years

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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? 4200

22. I hereby certify that I attended the deceased from Oct. 13, 1949 to May 27, 1953 that I last saw the deceased alive on May 27, 1953, and that death occurred at 8:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Esker M.D. 23b. ADDRESS 5600 Arsenal 23c. DATE SIGNED 5/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE June 1, 1953 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 29 1953 J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Wacker-elderle 3634 Gravois Ave.

(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.....
Signature of Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *21*.....

P. O. Address *Ham*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.