No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41589

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2964

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florissant, Mo.
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 10, Box 281aHighway 66

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Florissaant
d. STREET ADDRESS (If rural, give location): Rt.10,Box281a,Highway 66

**3. NAME OF DECEASED** (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Brante

**4. DATE OF DEATH** (Month) (Day) (Year): 11-14-53

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single
**8. DATE OF BIRTH**: Aug. 31, 1883
**9. AGE** (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

**13a. FATHER'S NAME**: John H. Brante
**13b. MOTHER'S MAIDEN NAME**: Caroline Frankes
**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: unknown
**17. INFORMANT'S SIGNATURE OR NAME**: Phil Brante
**ADDRESS**: Lemay, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 mo to

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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**: 1977X
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July 1, 1953, *to* Nov 31, 1953, *that I last saw the deceased alive on* Nov 21, 1953, *and that death occurred at* 7a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. H. Kilker MD
**23b. ADDRESS**: 3121 Normal
**23c. DATE SIGNED**: 11-14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-17-53
**24c. NAME OF CEMETERY OR CREMATORY**: St. Peters Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

**DATE REC'D BY LOCAL REG.**: 11/16/53
**REGISTRAR'S SIGNATURE**: Herbert B. Jenke MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Southern Funeral Home
**ADDRESS**: 6322 S. Grand Blvd

(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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.