FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44703

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 580 Registrar's No. 3188

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Ann
c. LENGTH OF STAY (in this place) 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3461 St. William Lane

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) St. Ann 407
d. STREET ADDRESS (If rural, give location) 3461 St. William Lane

3. NAME OF DECEASED (Type or Print) a. (First) Olive Theresa b. (Middle) Brown c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 30, 1905
9. AGE (In years last birthday) 48 — 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) Bussman Mfg. Co.
10b. KIND OF BUSINESS OR INDUSTRY Fuse Factory
11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William P. Craggett
13b. MOTHER'S MAIDEN NAME Letilia Missey
14. NAME OF HUSBAND OR WIFE Elmer Brown

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. 498 26 9772
17. INFORMANT'S SIGNATURE OR NAME Elmer Brown ADDRESS 3461 St. William Lane

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) Carcinoma left Breast — INTERVAL BETWEEN ONSET AND DEATH 4 mo.

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. Metastasis to liver — 2 mo.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION 170 X
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* 8-10, 1953, *to* 12-13, 1953, *that I last saw the deceased alive on* 12/13, 1953, *and that death occurred at* 1:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. A. Dilke M.D.
23b. ADDRESS 8924 St. Charles St. St. Louis 14 Mo
23c. DATE SIGNED 12/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec 16 1953
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. 12-14-53
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Collier's Funeral Home ADDRESS 10123 St. Chas. Mo.

S W (Licensed Embalmer's Statement on Reverse Side)

WHITE 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 Sheldon Colle

Licensed Embalmer No. 3382

P. O. Address 101 23 St. Che

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.