

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5956**
Registrar's No. **1776**

FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.		c. LENGTH OF STAY (in this place)		c. CITY -OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2218 Indiana		e. STREET ADDRESS 2218 Indiana		f. (If rural, give location) 2237		
3. NAME OF DECEASED (Type or Print) a. (First) Mary A. b. (Middle) Brante c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1954			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1876	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Tim Stephens		13b. MOTHER'S MAIDEN NAME Mary Hannaway		
14. NAME OF HUSBAND OR WIFE Harry W. Brante		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. no		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Glatt		ADDRESS 2218 Indiana				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct & Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH About 2 wks Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X		
22. I hereby certify that I attended the deceased from 2-17, 1954 to 2-22, 1954 , that I last saw the deceased alive on 2-20, 1954 , and that death occurred at 5:45a m. , from the causes and on the date stated above.						
23a. SIGNATURE As Klein (Degree or title) MR		23b. ADDRESS 2632 S. Knipshildway		23c. DATE SIGNED 2/22/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-25-54		24c. NAME OF CEMETERY OR CREMATORY Resurrection		
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.				
DATE REC'D BY LOCAL REG. FEB 24 1954		REGISTRAR'S SIGNATURE J. C. Smith		26. (Licensed Embalmer's Statement on Reverse Side)		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Klein

Kingshighway and Magnolia

1 to 3 p.m.

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 *David Van Fossen*.....

Licensed Embalmer No. *424*.....

P. O. Address *6322 So. Main*.....

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.