

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32525

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2350

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Richmond Heights</b> )		c. LENGTH OF STAY (in this place) <b>2 Mo.</b>	c. CITY OR TOWN <b>Webster Groves</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		STREET ADDRESS (If rural, give location) <b>135 Hull Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NELLIE</b> b. (Middle) <b>LEONA</b> c. (Last) <b>BRONDOS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-5-1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-3-1908</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Walnut Ridge Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Ludwig Haas</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>John W Brondos</b>
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. <b>496-32-1448</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Brondos 135 Hull Ave.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> <b>2 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Cancer of Brain</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Breast</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 <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1940, to 10/6, 1954, that I last saw the deceased alive on 10/5, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Carl D Brondos MD</b> (Degree or title)	23b. ADDRESS <b>Webster Groves Mo</b>	23c. DATE SIGNED <b>10/7/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-8-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		

DATE REC'D BY LOCAL REG. <b>10/7/54</b>	REGISTRAR'S SIGNATURE <b>Richard S. ...</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richard F. Home Webster Groves Mo.</b>
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WRITE PLAINLY—USING UNFADEING 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.....

*Leslie Helch*

Licensed Embalmer No. 439

P. O. Address *Holster St*

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.