

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35173**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9213**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN E. St. Louis	
c. LENGTH OF STAY (In this place) 5 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		f. STREET ADDRESS (If rural, give location) 1431 N. 39th. St.	
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) M c. (Last) Briesacher		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21, 1910
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ? LANCASTER		13b. MOTHER'S MAIDEN NAME Catherine Winter	
14. NAME OF HUSBAND OR WIFE Eugene A. Briesacher		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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Eugene A. Briesacher 1431 N. 39th E. St. Louis, Ill	
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) metastatic ca of liver & peritoneum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of the breast 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 Right breast removed March 1953	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X		22. I hereby certify that I attended the deceased from March 1953 to 10-10 , 19 54 , that I last saw the deceased alive on 10-10 , 19 54 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Arthur K. Trinkel M.D.		23b. ADDRESS 1850 Kings Highway, St. Louis, Mo	
23c. DATE SIGNED 10-11-54		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	
24b. DATE 10/13/54		24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chas. Burke 3300 State St. E. St. Louis, Ill	
DATE REC'D BY LOCAL REG. OCT 11 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 9.10 (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.....
Chas. Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis
Illinois

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.