

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37208
STATE FILE NUMBER
9945
Registrar's No.

FILED OCT 30 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1118 Art Hill Pl.			Length of stay in 1b		STREET ADDRESS 1118 Art Hill Pl.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) CAROLINE				First Middle Last BRAZELL		4. DATE OF DEATH Month Day Year Oct. 23 1957					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 20, 1914		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Baldor Electric Co. (Retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph Grandinetti				13b. MOTHER'S MAIDEN NAME Mary Rose Cherry				14. NAME OF HUSBAND OR WIFE Thomas T. Brazell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give year or dates of service) No None				16. SOCIAL SECURITY NO. 500-24-5022		17. INFORMANT Address Thomas T. Brazell 1118 Art Hill Pl.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma								INTERVAL BETWEEN ONSET AND DEATH 190's - 1957			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca. Vagina								190's -			
DUE TO (c)											
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 176x								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY STATE		
21. I attended the deceased from 9-19-55 to 10-23-57 and last saw her alive on 10-23-57 Death occurred at 6-45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE PB Cappel (Degree or title)						22b. ADDRESS 3284 Ironhart Ave			22c. DATE SIGNED 10-23-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Oct. 26, 1957		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway					ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 24 57		26. REGISTRAR'S SIGNATURE Earl Smith MO 2196		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *William B White*

Licensed Embalmer No. *1291*

P. O. Address *5228th Highway*

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.