

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019520
State File No.

FILED MAY 26 1958
BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 49218

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

1. PLACE OF DEATH a. COUNTY			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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 wks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8129
d. FULL NAME OF HOSPITAL OR INSTITUTION 39 Cardinal Glennon 0			d. STREET ADDRESS (If rural, give location) 32 1400 N. 4th 0		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) Ann	c. (Last) Brandlen		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1958
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH August 3, 1953	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Francis Sisson		13b. MOTHER'S MAIDEN NAME Elizabeth Ann Brandlen		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Ann Brandlen East 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Stem Tumor</u> 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. 237x				INTERVAL BETWEEN ONSET AND DEATH 3 wks.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3-20</u> , 19 <u>58</u> , to <u>5-7</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>58</u> , and that death occurred at <u>10P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank A. Palazzo MD</u>		23b. ADDRESS 0 4161 Lindell Blvd		23c. DATE SIGNED May 8, 1958	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 10, 1958	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) Belleville, Ill		
DATE REC'D BY LOCAL REG. MAY 8 '58	REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Burke East St. Louis		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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