

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31568

FILED OCT 4 1948
Registration District No. 19487

Primary Registration District No. 3063

Registrar's No. 2102

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community home
years, months or days)

3. (a) PRINT FULL NAME Pearl Brydic

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife David Brydic

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: Nov. 14, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 10 1 hr. _____ min.

9. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Thomas Prosser

13. Birthplace Penn. Lancaster
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sutton

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address St. Louis Co. Hospital

17. (a) Buried (b) Date thereof 9 17 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 9-16-48 (b) Gaul C. Thompson
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 8720 Brentwood Place
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15th
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from September 1st
1st 1948 to September 15th 1948
that I last saw her alive on September 15th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death terminal
bronchopneumonia

Duration _____

Due to cerebral thrombosis

Due to Rheumatic heart disease

Other conditions 95 lb
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury fall

23. Signature A. d. Wittler (M. D. or other)
Address 6013 Brentwood Dr. Date signed 9/15/48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. E. Burgess
Licensed Embalmer No. 40 29
P. O. Address Maplewood

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.