

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 5991  
Registrar's No. 1779

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 5991	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>3328a Aubert Ave.</u>		e. _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desboge Hosp.</u>		3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Brashear</u>		4. DATE OF DEATH <u>Feb. 24th, 1949</u> (Month) (Day) (Year)		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>8/30/1912</u>		9. AGE (In years last birthday) <u>36</u> IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Govt. Adm. Center</u>		11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Frank Brashear</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Healy</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Brashear</u> ADDRESS <u>3328a Aubert Ave.</u>			
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>Carcinoma of Stomach</u> (b) <u>(diets plastic)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1</u> <u>About Feb 1948</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable</u>				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 <u>Jan 6, 1949</u> , to <u>Feb 23, 1949</u> , that I last saw the deceased alive on <u>Feb 23, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Albert J. M... ..</u>		(Degree or title) _____		23b. ADDRESS <u>2739 No. Grand</u>		23c. DATE SIGNED <u>FEB 24 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 25 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Rasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir.</u> ADDRESS <u>2849 Euclid</u>			

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

DR. Albert Motzel  
2739 North Grand Ave.  
FR. 3960

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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.

Signed \_\_\_\_\_

*Robert L. Brinkman*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3553

P. O. Address \_\_\_\_\_

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.