

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43185  
State File No. 04694  
Registrar's No.

96  
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4  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 19</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 19</u>	
c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>446 Greeley Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>446 GREELEY AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) _____ c. (Last) <u>BRUST</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 15 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 11, 1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>SAN JOSE, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>FREDERICK SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN BRUST</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edmund 446 Greeley Webster Groves Mo</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>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Penility</u> 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 <u>420.0</u>	
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) (Min.)	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>6-20, 1942</u> to <u>Dec. 15, 1949</u> , that I last saw the deceased alive on <u>Dec. 15, 1949</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Sterling M.D.</u>		23b. ADDRESS <u>Maplewood Mo.</u>	23c. DATE SIGNED <u>12/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN HILL</u>	24d. LOCATION (City, town, or county) (State) <u>SAN JOSE ILLINOIS</u>
DATE REC'D BY LOCAL REG. <u>12-16-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Fun Home Webster Groves</u>	

(Licensed Emballer's Statement on Reverse Side)

Mo 19

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

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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.

Student .....  
Student Embalmer

Signed

*J. Wm. Buckley*

Licensed Embalmer No. *3113*

P. O. Address *St. Louis Mo.*

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.