

FILED JAN 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2309  
224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 6 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collinsville	
		d. STREET ADDRESS (If rural, give location) 414 N Morrison	

3. NAME OF DECEASED (Type or Print)	a. (First) Gertrude	b. (Middle) Selma	c. (Last) Brede	4. DATE OF DEATH (Month) (Day) (Year) Jan 7th 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 4-1887	9. AGE (In years) (Month) (Day) (Year) 62
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Collinsville, Ills.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Martin Brede	13b. MOTHER'S MAIDEN NAME Mary Eberhardt	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. nbne	17. INFORMANT'S SIGNATURE OR NAME Colbreeda Brede	ADDRESS Collinsville Ills.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Lymphosarcoma - Retroperitoneal</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 8/19/49	19b. MAJOR FINDINGS OF OPERATION mass in retroperitoneal area - Lymphosarcoma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 1961
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/10, 1949, to 1/7, 1950, that I last saw the deceased alive on 1/7, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Theo H. Hauser M.D.	(Degree or title)	23b. ADDRESS 3701 Grandel Square	23c. DATE SIGNED 1-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 11/50	24c. NAME OF CEMETERY OR CREMATORY Lutheran Cem	24d. LOCATION (City, town, or county) (State) Collinsville Ills.
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DATE REC'D BY LOCAL REGISTRAR JAN 9 1950	REGISTRAR'S SIGNATURE Blaschke	25. FUNERAL DIRECTOR'S SIGNATURE Gen M. Schreppel	ADDRESS Collinsville Ills.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Geo. M. Schaeffer

Licensed Embalmer No. 1598

P. O. Address Ballusville, Pa.

**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.