

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34610
State File No. 8274

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 4508 BIRCHER BLVD. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE. PAUL HOSPITAL		d. STREET ADDRESS (If rural, give location) ST. LOUIS MO.	

3. NAME OF DECEASED (Type or Print) EDNA MAE BRAHAN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Month: SEPT Day: 29 Year: 1950
---------------------------------------------------------------	------------	-------------	-----------	-------------------------------------------------------------------------

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT 1, 1931	9. AGE (In years last birthday) 19	10. MONTHS 0	11. DAYS 28	12. HOURS 0	13. MIN. 0
--------------------	------------------------------	-------------------------------------------------------------------------	-----------------------------------------	----------------------------------------------	------------------------	-----------------------	-----------------------	----------------------

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) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY?
---------------------------------------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------------	------------------------------

13a. FATHER'S NAME ROY J. BRAHAN	13b. MOTHER'S MAIDEN NAME EDNA ELLISON	14. NAME OF HUSBAND OR WIFE
--------------------------------------------	--------------------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ROY J. BRAHAN	ADDRESS
----------------------------------------------------------------------------------------------------------	-------------------------	-----------------------------------------------------------	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lupus erythematosus disseminata	INTERVAL BETWEEN ONSET AND DEATH 6 mos
	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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 456 X
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	--------------------------------------------

22. I hereby certify that I attended the deceased from **Aug 8, 1950**, to **Sept 29, 1950** that I last saw the deceased alive on **Sept 29, 1950**, and that death occurred at **9 p m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 452 Maryland	23c. DATE SIGNED 10-2-50
--------------------------------------	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CALVARY	24b. DATE OCT. 3, 1950	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
-------------------------------------------------------------	----------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. OCT 2 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE SULLIVAN FUNERAL DIRECTORS.	ADDRESS
-----------------------------------------------	---------------------------------------------	------------------------------------------------------------------------	---------

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

*Check for
license. per label
this case seen pm
BFB*

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.

Signed *Robert L. Brunkman* Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. *3523*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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