No. 300
10.48

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

FILED JUN 29 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21160

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5506

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 24 2249
d. STREET ADDRESS (If rural, give location): 3536a Texas Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ella
b. (Middle):
c. (Last): Brumfield

**4. DATE OF DEATH** (Month) (Day) (Year): 6/17/51

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 16, 1890
**9. AGE** (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home
**10b. KIND OF BUSINESS OR INDUSTRY**: --
**11. BIRTHPLACE** (State or foreign country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Neulist
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Lynn Brumfield

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): --
**16. SOCIAL SECURITY NO.**: ---
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Lynn Brumfield--3536a Texas

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Breast (bilateral) — INTERVAL BETWEEN ONSET AND DEATH: approx. 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)

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 ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 170X

22. *I hereby certify that I attended the deceased from* May 15 1951, *to* June 16, 1951, *that I last saw the deceased alive on* 6-16, 1951, *and that death occurred at* 1:25 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: L. Resnikoff
(Degree or title): MD
**23b. ADDRESS**: 3612 S. Jefferson
**23c. DATE SIGNED**: 6-18-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6/20/51
**24c. NAME OF CEMETERY OR CREMATORY**: St. Trinity Luthern
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Missouri

DATE FILED BY LOCAL REG. JUN 18 1951
REGISTRAR'S SIGNATURE: J. B. Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wacker-Heldenle
ADDRESS: 3634 Gravois

(Licensed Embalmer's Statement on Reverse Side)

## 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.

Student Embalmer No.....

Signed Robert C. Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address [illegible]

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

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