

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31344

FILED OCT 10 1951

State File No. ....

8360

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>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS.</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN-DESLOGE-HOSP.</b>		e. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS - 2109</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b> b. (Middle) c. (Last) <b>BRULEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 19 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>6-29-1896</b>
9. AGE (In years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE-WIFE</b>	11. BIRTHPLACE (State or foreign country) <b>ST LOUIS. MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <b>YES</b>		13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>GEO. SCHROEDER.</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIE-LEBOTT.</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm BRULEY.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <b>353-01-0818</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm Bruley</b>	
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.		19. INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Blindness from</b>	
DUE TO (c) <b>Enlarged Varices</b>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit</b>	
22. I hereby certify that I attended the deceased from <b>July 26, 1951</b> , to <b>Sept 19, 1951</b> , that I last saw the deceased alive on <b>Sept 19, 1951</b> , and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. Eden</b>		23b. ADDRESS <b>3516 Central Blvd Clayton</b>	
23c. DATE SIGNED <b>9-21-51</b>		24. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-22-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>SEP 21 1951</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Sullivan</b>		ADDRESS <b>2849 N. Euclid</b>	

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

MAR 4 1955

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 Francis Williamson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3565

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.