

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43483

State File No. ....

FILED JAN 5 1952

BIRTH NO. .... REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3.63 Registrar's No. 4145

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (In this place) <b>1 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>811 Clark</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SOPHIA</b> b. (Middle) <b>MARIE</b> c. (Last) <b>BURANDT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-30-1951</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>12-27-1898</b>		9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Elizabeth Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>	

13a. FATHER'S NAME <b>John H Lueckenotte</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Bax</b>		14. NAME OF HUSBAND OR WIFE <b>Lester Burandt</b>	
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 ADDRESS <b>Mrs. A. Murphy Des Arc Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Generalized Carcinomatosis</b>		DUE TO (a) <b>Carcinoma of the Breast</b>		<b>1 1/2 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)		<b>2 years</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 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) <b>170X</b>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 12-10-1951, to 12-30-1951, that I last saw the deceased alive on 12-30-1951, and that death occurred at 7:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H Klewitz, M.D.</b> (Degree or title)		23b. ADDRESS <b>601 S. Brentwood, Clayton Mo.</b>		23c. DATE SIGNED <b>12/31/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>		24b. DATE <b>Jan 2 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	

DATE REC'D BY LOCAL REG. <b>12-31-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alfred F. Home</b>	
				ADDRESS <b>Webster Groves Mo.</b>	

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 *Leslie Kolch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Whiter Graves*.....

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.