

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

39897

State File No.

No. 300
10-48

FILED DEC 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 391

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> TOWN <u>RURAL</u> <u>St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>O'Fallon</u> TOWN <u>0970</u>	
c. LENGTH OF STAY (In this place) <u>7Y, 7M, 17Ds</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED a. (First) <u>VIOLA</u> (Type or Print)			b. (Middle)			c. (Last) <u>BRASSEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 4, 1952</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>November 2, 1907</u>			9. AGE (In years last birthday) <u>45</u>		If under 1 year Month <u>1</u> Day <u>2</u>		If under 1000 Hours <u>2</u> Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>Thomas Brassel</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine O'Day</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records State Hospital No. 4, Farmington, Mo.</u>					

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.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis of the lungs - - - - -</u>								<u>1 month</u>	
		ANTECEDENT CAUSES									
		DUE TO (b) <u>Carcinoma of the breast - - - - -</u>								<u>Sev. mths.</u>	
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS									
		<u>Psychosis with epilepsy. - - - - -</u>								<u>Sev. yrs.</u>	

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) <u>170x</u>			
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?			

22. I hereby certify that I attended the deceased from April 8, 1946, to Dec. 4, 1952, that I last saw the deceased alive on Dec. 4, 1952, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Brennan, M.D.</u>			23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>			23c. DATE SIGNED <u>12-5-1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Church Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Dardenne, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keithly Funeral Home, O'Fallon, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

740
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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 Paul K. Dergal

Licensed Embalmer No. 4120

P. O. Address Fairbury, Nebr.

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.