No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8129

State File No.

FILED MAR 4 - 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 565

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. [redacted]
c. CITY OR TOWN ~~Unincorporated~~ ~~City~~ St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 6292 Bartmer Ave.,

434
14

3. NAME OF DECEASED (Type or Print)
a. (First) FRED
b. (Middle)
c. (Last) BREHM

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1953

5. SEX M [redacted]ale

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 28, 1891.

9. AGE (In years last birthday) 61 | 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) Portor at Wagner E. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Baden, Germany 4

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Fred Brehm

13b. MOTHER'S MAIDEN NAME Dont Know

14. NAME OF HUSBAND OR WIFE Lucille Brehm

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. 498-05-1988

17. INFORMANT'S SIGNATURE OR NAME Lucille Brehm **ADDRESS** 6292 Bartmer Ave.,

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) Atelectasis & bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic carcinoma of lung
c metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 162X

INTERVAL BETWEEN ONSET AND 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?

22. *I hereby certify that I attended the deceased from* 2-14- *, 19*53 *to* 2-16 *, 19*53*, that I last saw the deceased alive on* 2-16- *, 19*53*, and that death occurred at* 7.30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Delmont L. Thiele **(Degree or title)** M.D.

23b. ADDRESS 601 S. Brentwood Clayton 5, Mo.

23c. DATE SIGNED 2-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 19, 1953

24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.,

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 2-17-53

REGISTRAR'S SIGNATURE Herbert R. Donohue M.D. P.T.

25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark **ADDRESS** 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John L. Dennet

Licensed Embalmer No. 41

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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