

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32946

FILED OCT 15 1953

1003

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No. 9245

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DePaul Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>914 Buena Vista</i>	
3. NAME OF DECEASED a. (First) <i>Pearl M. Brettelle</i> (Type or Print)		b. (Middle)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 23, 1953</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 11, 11, 1884</i>
9. AGE (In years last birthday) <i>68</i>		10. MONTHS <i>10</i>	11. DAYS <i>12</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>St. Louis Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>	
13a. FATHER'S NAME <i>Ambrose K. Brettelle</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Haggerty</i>	
14. NAME OF HUSBAND OR WIFE		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 <i>Dr. Pierre Michel</i>	
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of pancreas</i> 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 <i>9/2/53</i>		19b. MAJOR FINDINGS OF OPERATION <i>As above</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <i>6 hr. after</i>	
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? <i>157X</i>	
22. I hereby certify that I attended the deceased from <i>8/28, 1952</i> , to <i>9/20, 1952</i> , that I last saw the deceased alive on <i>9/22, 1952</i> , and that death occurred at <i>2 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Thomas J. Finan</i>		(Degree or title)	
23b. ADDRESS <i>607 N. Grand</i>		23c. DATE SIGNED <i>9/24</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>9-26-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>	
DATE REC'D BY LOCAL REG. <i>SEP 25 1953</i>		REGISTRAR'S SIGNATURE <i>J. Cash Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas J. Finan</i>		ADDRESS <i>1519 S. Grand Blvd.</i>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

W. Wilkinson

Licensed Embalmer No. _____

3575

P. O. Address _____

M. Louis M.

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

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