

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29430

BIRTH NO. _____		REG. DIST. NO. <u>377</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>193</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fenton</u>		c. LENGTH OF STAY (In this place) <u>2 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>5951 McPherson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fenton Home</u>				d. STREET ADDRESS (If rural, give location) <u>2059</u>					
3. NAME OF DECEASED a. (First) <u>Lillie</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>Brasch</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 10 1954</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 30 1885</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>		IF UNDER 12 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Samuel Sabor</u>			13b. MOTHER'S MAIDEN NAME <u>Mrs. Wolf</u>			14. NAME OF HUSBAND OR WIFE <u>Irving Brasch</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. I. Brasch-5951 McPherson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-Sclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <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 <u>Aug 9</u> , 19 <u>54</u> , to <u>Aug 10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>August 9</u> , 19 <u>54</u> , and that death occurred at <u>5:15</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. H. Hansen</u>				23b. ADDRESS <u>M. P. O. 932 Newport Nebraska</u>		23c. DATE SIGNED <u>Aug 10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/12/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8/11/54</u>		REGISTRAR'S SIGNATURE <u>Heber C. Tombe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>German Rindskopf, Inc., 5216 Delmar Bl</u>					

(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 Peter B. DeBrouille

Licensed Embalmer No. 3691

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.