

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39417

State File No. \_\_\_\_\_  
Registrar's No. 2434

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2434</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>1 HOUR</u>		c. CITY OR TOWN <u>ST. JOHN MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS Co. Hosp.</u>				STREET ADDRESS (If rural, give location) <u>3533 BROWN RD. #2001</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Opal</u> b. (Middle) <u>OLLIE</u> c. (Last) <u>Brandt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 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>NOV. 3 1907</u>		
9. AGE (In years last birthday) <u>46</u>		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) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>VALHALLA, CEM.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELBRIDGE, TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN MORGAN</u>			13b. MOTHER'S MAIDEN NAME <u>JEANETTE FINCH EMMONS GRANT</u>			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) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-20-5741</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMMONS GRANT</u> ADDRESS <u>3533 BROWN RD.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Blood loss - Traumatic shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Extraparietal hemorrhage from ruptured bladder + RT. hemothorax</u> DUE TO (c) <u>Fractured pelvis - sacrochae bone</u> II. OTHER SIGNIFICANT CONDITIONS <u>Fx RT 9-11-12 ribs. - Deep scalp laceration.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION - <u>Ruptured bladder + retroperitoneal Hem -</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hq.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>MOO</u> (COUNTY) <u>20</u> (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 16, 1954 8:15 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>PASSANGER IN CAR WHICH COLLIDED WITH TRAILER TRUCK - (Auto Accident)</u>				
22. I hereby certify that I attended the deceased from <u>10-16</u> , 19 <u>54</u> , to <u>10-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>54</u> , and that death occurred at <u>12:45 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Jack L. Hagadorn MD.</u> (Degree or title)				23b. ADDRESS <u>607 So. Brentwood</u>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL, CEM. WELLSSTON</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>10/19/54</u>		REGISTRAR'S SIGNATURE <u>Heberth K. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>2504 W. ... Overland</u>				

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

(Licensed Embalmer's Placement on Reverse Side)

MAY 14 1958

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.....  
Signature of Student Embalmer

Signed *Osscar F. Mueller*

Licensed Embalmer No. *303*

P. O. Address *Overland*

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

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