

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6020**
Registrar's No. **1732**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **0**

c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **De Paul Hospital** e. STREET ADDRESS (If rural, give location) **3637 N. MARKET ST.**

3. NAME OF DECEASED
a. (First) **VIOLA** b. (Middle) _____ c. (Last) **BRAHLEND**

4. DATE OF DEATH (Month) (Day) (Year) **2-21-55**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **2-10-1902**

9. AGE (in years last birthday) **53** 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) **Labeler**

10b. KIND OF BUSINESS OR INDUSTRY **Drug Package, Inc**

11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MO**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **F. C. Brahland**

13b. MOTHER'S MAIDEN NAME **Bessie Peterson**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **489-05-1550**

17. INFORMANT'S SIGNATURE OR NAME **W.C. Brahland** ADDRESS **2427 Hard 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CARCINOMA OF LEFT BREAST**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **WITH WIDESPREAD METASTASES**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 1/2 MONTHS

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **170X**

22. I hereby certify that I attended the deceased from **Nov. 10, 1954**, to **FEB 21, 1955**, that I last saw the deceased alive on **FEB. 20, 1955**, and that death occurred at **7:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James J. McFadden Jr. M.D.**

23b. ADDRESS **6000 W. FLORISSANT AVE.**

23c. DATE SIGNED **2-22-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **2-24-55**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

24d. LOCATION (City, town, or county) (State) **ST. LOUIS CO. MO**

DATE REC'D BY LOCAL REG. **FEB 23 1955**

REGISTRAR'S SIGNATURE **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mrs. A. K. Rowland 27079 Grand**

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.....
Signature of Student Embalmer

Signed *Bill E. Hanson*.....

Licensed Embalmer No. *176*.....

P. O. Address *St. Louis*.....

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.