

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27522

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6670**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** c. LENGTH OF STAY (In this place) **Dec, 28, 1950** 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 **St. Louis Chronic Hospital** e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St.** **21870**

3. NAME OF DECEASED (Type or Print) a. (First) **Brazella** b. (Middle) _____ c. (Last) **Cather, (Jim)** 4. DATE OF DEATH (Month) (Day) (Year) **August 1, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **August 20, 1884** 9. AGE (In years) (Months) (Days) (Hours) (Min.) **70c 11 12**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **unknown** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **? Cather.** 13b. MOTHER'S MAIDEN NAME **Eva. ?** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **St. Louis Chronic Hospital Records** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION** INTERVAL BETWEEN ONSET AND DEATH _____

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Sepsis** ANTECEDENT CAUSES **Multiple decubitus ulcers.** DUE TO (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (c) **Art.therosclerotic heart disease Generalized arteriosclerosis.** II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO **4200**

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? _____

22. I hereby certify that I attended the deceased from **Dec. 28, 1950**, to **August 1, 1955**, that I last saw the deceased alive on **August 1, 1955** and that death occurred at **7:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George M. Janack, M.D.** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **Aug 1, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Crementation** 24b. DATE **August 2, 1955.** 24c. NAME OF CEMETERY OR CREMATORY **Missouri Crematory** 24d. LOCATION (City, town, or county) (State) **3211 Sublett Ave. Mo.**

DATE REC'D BY LOCAL REG. **AUG 2 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **MO Ziegenhain Bros** ADDRESS **6409 Gravois Ave.**

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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

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.