FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10473

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2510

1. PLACE OF DEATH
a. COUNTY Mo-Pacific Hospital ass
b. CITY OR TOWN St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital ass

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY 412
c. CITY OR TOWN Granite city
d. Is Residence Within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2022 a Cleveland Ave

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) Anna
c. (Last) Branding

4. DATE OF DEATH (Month) Mar (Day) 9 (Year) 1956

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 20, 1899
9. AGE (In years last birthday) 56
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Granite City Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Edward Hommert
13b. MOTHER'S MAIDEN NAME Louise (Unknown)
14. NAME OF HUSBAND OR WIFE Edward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Edward Branding ADDRESS 2022 a Cleveland Granite City Ill

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt. Breast with

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) wide spread Pulmonary

DUE TO (c) & skeletal metastasis

INTERVAL BETWEEN ONSET AND DEATH

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 Caranoma of Rt. Breast. 170X
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) m.
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 2-18, 1956, to Mar 9, 1956, that I last saw the deceased alive on Mar 9, 1956, and that death occurred at 1:35 A m., from the causes and on the date stated above.

23a. SIGNATURE Royal A. Werr (Degree or title) MD
23b. ADDRESS 1755 So Grand Ave St Louis Mo
23c. DATE SIGNED 3-9-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-10-56
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Edw. Sec
24d. LOCATION (City, town, or county) Edwardsville (State) Ill

DATE REC'D BY LOCAL REG. MAR 10 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Leonard Davis ADDRESS Granite City Ill

(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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Leonard Davi

Licensed Embalmer No..8

P. O. Address.....Grant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.