

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17634

State File No.

318

1003

Registrar's No.

4033

|   |  |   |            |   |             |  |           |   |  |                                  |  |
|---|--|---|------------|---|-------------|--|-----------|---|--|----------------------------------|--|
| BIRTH NO.   |  | REG. DIST. NO.  |            | PRIMARY REG. DIST. NO.  |             | Registrar's No.                                    |           |   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE  |             |  |           | b. COUNTY   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL, and give township)<br>OR TOWN  |  |   |            | c. LENGTH OF STAY (In this place)   |             | c. CITY OR TOWN                                    |           | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |            | e. STREET ADDRESS   |             |  |           | (If rural, give location)   |  |                                  |  |
| BARNES HOSPITAL   |  |   |            | 452 Foreston Place  |             |  |           |   |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  |   | a. (First) |   | b. (Middle) |  | c. (Last) |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) |                                  |  |
| Frank   |  |   | H.         |   | Brutcher    |  |           |   | April 20, 1956                           |                                  |  |
| 5. SEX  |  | 6. COLOR OR RACE  |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |             | 8. DATE OF BIRTH                                   |           | 9. AGE (In years last birthday)   |  | IF UNDER 1 YEAR<br>Months Days   |  |
| Male  |  | White   |            | Married   |             | April 1, 1886                                      |           | 70  |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |   |            | 10b. KIND OF BUSINESS OR INDUSTRY   |             | 11. BIRTHPLACE (City and State or Foreign Country) |           |   | 12. CITIZEN OF WHAT COUNTRY              |                                  |  |
| Sec'y-treas. Columbia Iron Works  |  |   |            |   |             | Belleville, Ill.                                   |           |   | U.S.A.                                   |                                  |  |
| 13a. FATHER'S NAME  |  |   |            | 13b. MOTHER'S MAIDEN NAME   |             |  |           | 14. NAME OF HUSBAND OR WIFE   |  |                                  |  |
| Wendelin Brutcher   |  |   |            | Mary Schmittling  |             |  |           | Laura Brutcher  |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or date of service)   |  |   |            | 16. SOCIAL SECURITY NO.   |             | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS          |           |   |  |                                  |  |
| No  |  |   |            | None  |             | 488-09-8501  |           | Laura Brutcher 452 Foreston Pl.   |  |                                  |  |
| 18. CAUSE OF DEATH<br>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) <u>Hypernephroma</u>   |             |  |           |   |  | 1 Mo.                            |  |
|   |  |   |            | ANTECEDENT CAUSES   |             |  |           |   |  |                                  |  |
|   |  |   |            | *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |             |  |           |   |  |                                  |  |
|   |  |   |            | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |             |  |           |   |  |                                  |  |
|   |  |   |            | DUE TO (b)  |             |  |           |   |  |                                  |  |
|   |  |   |            | DUE TO (c)  |             |  |           |   |  |                                  |  |
|   |  |   |            | 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  |             |  |           |   |  |                                  |  |
|   |  |   |            | 180.X   |             |  |           |   |  |                                  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |   |            |   |             |  |           |   |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE<br>(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<br>(Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED<br>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>Feb. 13, 1956</u> , to <u>April 20, 1956</u> , that I last saw the deceased alive on <u>April 20, 1956</u> , and that death occurred at <u>7:15P m.</u> , from the causes and on the date stated above. |  |   |            |   |             |  |           |   |  |                                  |  |
| 23a. SIGNATURE<br><i>W. Vermillion, M.D.</i>  |  |   |            | 23b. ADDRESS<br>BARNES HOSPITAL   |             |  |           | 23c. DATE SIGNED<br>4/21/56   |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  |   |            | 24b. DATE   |             | 24c. NAME OF CEMETERY OR CREMATORY                 |           | 24d. LOCATION (City, town, or county) (State)   |  |                                  |  |
| Burial  |  |   |            | Apr. 25, 1956   |             | S/S Peter & Paul Cem.                              |           | St. Louis, Mo.  |  |                                  |  |
| DATE REC'D BY LOCAL REG.  |  |   |            | REGISTRAR'S SIGNATURE   |             |  |           | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |  |                                  |  |
| APR 23 1956   |  |   |            | <i>Carl Smith M.D.</i>  |             |  |           | Kriegshauser 4228 S. Kingshighway Bl.   |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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... *William B White* .....

Licensed Embalmer No. *428*

P. O. Address *4228 1/2 King*

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.