

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007492

STATE FILE NUMBER

1910

FILED MAR 10 1959

Registration District No. Primary Registration District No.

Registrar's

300
1-57
7
994
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Home</i>		d. STREET ADDRESS (If outside, give location) <i>2609 So. Grand Blvd.</i>	
3. NAME OF DECEASED (Type or print) First <i>Sybella</i> Middle <i>Brant</i> Last <i>Keff</i>		4. DATE OF DEATH Month <i>July</i> Day <i>23rd</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 29, 1867</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>91</i>
13a. FATHER'S NAME <i>Samuel Brant</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Marsh</i>	9. AGE (In years last birthday) <i>91</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>Mr. Harry Fleming 575 St. Marie Florissant</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral tumor base</i> DUE TO (b) <i>Cerebral arterio sclerosis</i> DUE TO (c) <i>Senility 331X</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>1-1-59</i> to <i>2-23-59</i> and last saw her alive on <i>2-22-59</i> . Death occurred at <i>11:40 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frances R. Retzner M.D.</i>		22b. ADDRESS <i>5233 West Wendover W.</i>	
22c. DATE SIGNED <i>2-23-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 25, 1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Charles Rock Rd. Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Buell-Campbell Mortuary 165 Alhambra</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 24 '59</i>	
26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

M. S. 3

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 

Licensed Embalmer No. 4108

P. O. Address Harris

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.