

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11307**
Registrar's No. **2982**

FILED APR 4 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. _____		
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) St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2259		d. STREET ADDRESS (If rural, give location) 5 No. 9 25		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 No. 9				d. STREET ADDRESS (If rural, give location) 5 No. 9 0				
3. NAME OF DECEASED (Type or Print) a. (First) Felias b. (Middle) _____ c. (Last) Brookman			4. DATE OF DEATH (Month) (Day) (Year) 3 3 53					
5. SEX Male		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 1880		
9. AGE (In years) 73		# UNDER 1 YEAR Months _____		# UNDER 24 HRS. Hours _____		# MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) work			10b. KIND OF BUSINESS OR INDUSTRY work		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME work			13b. MOTHER'S MAIDEN NAME work			14. NAME OF HUSBAND OR WIFE work		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) work		16. SOCIAL SECURITY NO. work		17. INFORMANT'S SIGNATURE OR NAME ADDRESS work 1300 Clark				
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Lobar Left Lung Pneumonia					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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. HOW DID INJURY OCCUR? 490X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Joseph M. ...				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3/12/53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-20-53		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAR 19 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Callender & Kelly 4286 Lindell				

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.

NOT EMBALMED * RECLAIMED FROM ANATOMICAL BOARD

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.