

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16592

State File No.

FILLED **MAY 9 1953**
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1278**

4000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin		c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home #2		e. STREET ADDRESS (If rural, give location) 1443 Lanvale Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BREJOT c. (Last) BREJOT			4. DATE OF DEATH (Month) (Day) (Year) May 1 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Jan. 31, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk-Mo. Pac. R. R. Co.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61 If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Ashley, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Brejot		13b. MOTHER'S MAIDEN NAME Adele Michelle	
14. NAME OF HUSBAND OR WIFE Nora Brejot		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 702-16-4638		17. INFORMANT'S SIGNATURE OR NAME William C. Brejot ADDRESS 1443 Lanvale Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Chronic Myocarditis DUE TO (b) 3 yrs. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-15 , 19 52 to 5/1 , 19 53 , that I last saw the deceased alive on 4/29 , 19 53 and that death occurred at 12:21 PM. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Riverview, Mo.	
23c. DATE SIGNED 5/1/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	
24b. DATE 5-4-53		24c. NAME OF CEMETERY OR CREMATORY Ashley Cemetery	
24d. LOCATION (City, town, or county) (State) Ashley, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE [Signature]	

*Dr. C. H. Steward
209 S. Fairbairn
12th Avenue*

MAY 28 1953

JUN 10 1953

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 *Richard W. Steward*

Licensed Embalmer No. *4007*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.