

STANDARD CERTIFICATE OF DEATH

State File No. 5887

FILED FEB 21 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 53

1. PLACE OF DEATH  
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE Missouri b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles

c. CITY OR TOWN St. Charles

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

e. STREET ADDRESS (If rural, give location) 1015 Circle Drive 0923

3. NAME OF DECEASED (Type or Print)  
a. (First) Paul b. (Middle) R. c. (Last) Brass

4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 8, 1924

9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toll Collector

10b. KIND OF BUSINESS OR INDUSTRY Toll Bridge

11. BIRTHPLACE (City and State or Foreign Country) West Alton, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alphonse Brass

13b. MOTHER'S MAIDEN NAME Clara Sietz

14. NAME OF HUSBAND OR WIFE Margie Elder

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. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margie Brass St. Charles, Mo.

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) Due to an overdose of a drug.  
  
ANTECEDENT CAUSES  
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Hwy. 94 Orch. Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Chas. Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 15 '55 10

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Accident due to an overdose of a drug.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Marie Manning*

23b. ADDRESS *Centerville Mo*

23c. DATE SIGNED Feb 16 - 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Feb. 18, 1955

24c. NAME OF CEMETERY OR CREMATORIUM Immaculate Conception

24d. LOCATION (City, town, or county) (State) West Alton, Mo.

DATE REC'D BY LOCAL REG. Feb 16 1955

REGISTRAR'S SIGNATURE *Harvie Hamilton*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Thomas J. Burke Jr. Alton, Mo.*

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

MAR 13 1950

**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 *Frank R. Amalson*.....

Licensed Embalmer No. *48*.....

P. O. Address *St. Charles*.....

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.