

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17312

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1234

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bellefontaine Neighbors</i>		c. LENGTH OF STAY (in this place) <i>8 yrs, 10 mo, 27 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bellefontaine Neighbors</i>		4020
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>St. Louis State Training School</i>			d. STREET ADDRESS (If rural, give location) <i>10695 Bellefontaine Road</i>		
3. NAME OF DECEASED (Type or Print) <i>JEAN</i>	a. (First)	b. (Middle) <i>BARBARA</i>	c. (Last) <i>Brenton</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 29 1955</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Aug. 3, 1943</i>	9. AGE (In years last birthday) <i>11</i>	IF UNDER 1 YEAR: Months <i>9</i> Days <i>26</i> Hours <i>18</i> Min. <i>50</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Fredericktown, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Franklin Brenton</i>		13b. MOTHER'S MAIDEN NAME <i>Forthy Mc Kinis</i>		14. NAME OF HUSBAND OR WIFE <i>NONE</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Records of St. Louis State Tr. School 10695 Bellefontaine</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Glomerular Nephritis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i>
	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. <i>Hydrocephalus, Clubfoot bilateral</i>				<i>since birth</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>592X</i>			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. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED 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 <i>6-30</i> 19 <i>48</i> , to <i>5-29</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>5-29</i> , 19 <i>55</i> , and that death occurred at <i>12:30P</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Robert P. Wynn</i>		(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>10695 Bellefontaine Road</i>		23c. DATE SIGNED <i>5/29/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>5-31-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>RHODES CHAPEL</i>	24d. LOCATION (City, town, or county) (State) <i>CORNWALL Mo.</i>		
DATE REC'D BY LOCAL REG. <i>5/31/55</i>	REGISTRAR'S SIGNATURE <i>Robert P. Wynn, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John L. Denner*

Licensed Embalmer No. *4194*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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