No. 300
10.48

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

XC—
Reg. #11838
SL #7630 FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34608

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9462

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Williamson
c. CITY OR TOWN Marion
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 504 S. Spillman St. 812 S

3. NAME OF DECEASED (Type or Print)
a. (First) BILLY
b. (Middle) D.
c. (Last) BRIGHAM

4. DATE OF DEATH (Month) (Day) (Year) October 30, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7/4/23
9. AGE (In years last birthday) 32
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Marion, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leslie Brigham
13b. MOTHER'S MAIDEN NAME Winifred Miller
14. NAME OF HUSBAND/OR WIFE Pauline Brigham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St.Louis, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) LYMPHATIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 2040
20. AUTOPSY? YES ☒ NO ☐

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/20, *19*55, *to* 10/30, *1955*, *and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alan Denk M.D. (Degree or title) ALLEN DENK M.D.
23b. ADDRESS VAH, St. Louis, Mo.
23c. DATE SIGNED 10/30/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 1-1955
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) MARION, Ill.

DATE REC'D BY LOCAL REG. OCT 31 1955
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Mitchell, Marion, Illinois ADDRESS

E.D. (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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Bill C. Franc

Licensed Embalmer No. 47

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.