

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3354

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ellisville	c. LENGTH OF STAY (In this place) 8 mos.	c. CITY OR TOWN Ellisville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 33 Fifeshire Acres		e. STREET ADDRESS 33 Fifeshire Acres	
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) A.	c. (Last) Brawner
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Div. Manager	10b. KIND OF BUSINESS OR INDUSTRY Whl. Dry Goods	8. DATE OF BIRTH 4-23-1900	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 8 IF UNDER 24 HRS. Days 11 Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Normandy, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William S. Brawner		13b. MOTHER'S MAIDEN NAME Olivia Carlin	14. NAME OF HUSBAND OR WIFE Stella Prost Brawner

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. 493-07-5586	17. INFORMANT'S SIGNATURE OR NAME Stella Brawner, above	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, BILATERAL	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) GENERALIZED DEBILITY	5 DAYS 94 DAYS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEVERE GENERALIZED RHEUMATOID ARTHRITIS & ANKYLOSIS OF ALL JOINTS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4343	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 13, 1956, to JAN 14, 1956, that I last saw the deceased alive on JAN 14, 1956, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James E. Meyer MD	23b. ADDRESS Bellevue, Missouri	23c. DATE SIGNED Jan 16, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-1956	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 1-17-56	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo.	ADDRESS
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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..

Student.....
Signature of Student Embalmer

Signed.....
J. J. Burgess

Licensed Embalmer No. *402*

P. O. Address *Maple*

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.