

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22139**
Registrar's No. **5531**

FILED JUN 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Belleville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		e. STREET ADDRESS (If rural, give location) 5120 147 Frey Jane 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farmin Desloge Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Brooks b. (Middle) Mansfield c. (Last) Stimson			4. DATE OF DEATH (Month) (Day) (Year) June 8 1956			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28 1913	9. AGE (In years last birthday) 43	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) Iron worker		10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chemical Co.		11. BIRTHPLACE (City and State or Foreign Country) Cumberland Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Stimson Sr.		13b. MOTHER'S MAIDEN NAME Zealey Bromley		14. NAME OF HUSBAND OR WIFE Dorothy Buhrmester Stimson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-01-5338		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Stimson Belleville Ill.	

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) Intracerebral Hematoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Metastatic Brain Tumor 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 3 weeks	
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19a. DATE OF OPERATION 6-7-56		19b. MAJOR FINDINGS OF OPERATION Intracerebral Hematoma		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 **June 5, 1956**, to **June 8, 1956**, that I last saw the deceased alive on **June 8, 1956**, and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank A. Palazzo M.D. (Degree or title)		23b. ADDRESS 4161 Lindell, St. Louis, Mo		23c. DATE SIGNED 6-9-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 9 1956		24c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park		24d. LOCATION (City, town, or county) (State) St. Clair Co. Ill. Ill.	
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DATE REC'D BY LOCAL REG. JUN 11 1956		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.		25. JUNE 8, DIRECTOR'S SIGNATURE ADDRESS E. St. Louis, Ill.	
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M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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
W. K. ...

Licensed Embalmer No. *316*

P. O. Address *East St. La*

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.