

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24862**  
Registrar's No. **6310**

FILED JUL 20 1956

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>6310</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) <b>6 years</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6133 Vermont Street</b>			e. STREET ADDRESS (If rural, give location) <b>6133 Vermont Street</b> <b>2019c</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDGAR</b> b. (Middle) <b>LINVILLE</b> c. (Last) <b>BRUSSMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 31, 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 10 years</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Covington, Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>August Brussman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Blanche Brussman</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-01-1283</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Edgar L. Brussman Jb.</b>		17. ADDRESS <b>6133 Vermont St</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Upper Respiratory Infection</b>		18. II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Anteriosclerosis - Senility</b>		more than <b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>		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) (m.)		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 <b>Nov 28, 1955</b> to <b>July 3, 1956</b> , that I last saw the deceased alive on <b>July 2, 1956</b> , and that death occurred at <b>7:45 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Leroy E. Ellison M.D.</b>		23b. ADDRESS <b>3610 So Broadway</b>		23c. DATE SIGNED <b>7-5-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 6, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. ADDRESS <b>Shepard Funeral Home, 1167 Hamilton Ave</b>	
DATE REC'D BY LOCAL REG. <b>JUL 5 1956</b>		(Licensed Embalmer's Statement on Reverse Side)			

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

S. No. 300  
V. 10.48

**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 *Edouard Remelius*.....

Licensed Embalmer No. *4283*.....

P. O. Address *St. Louis*.....

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.