

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25562

State File No.

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1588</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) ---a. STATE <u>Missouri</u> --- b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>AFFTON Mo</u>		c. LENGTH OF STAY (in this place) <u>7 YEAR</u>		c. CITY OR TOWN <u>AFFTON Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>247 LAVINA DRIVE</u>				e. STREET ADDRESS (If rural, give location) <u>247 LAVINA DRIVE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u> b. (Middle) <u>BROOK</u> c. (Last) <u>BROOK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1956</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 29 1909</u>		
9. AGE (In years last birthday) <u>46</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>		13a. FATHER'S NAME <u>JOHN SASEK</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES MASEK</u>		14. NAME OF HUSBAND OR WIFE <u>RAYMOND BROOK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND BROOK</u> ADDRESS <u>AFFTON Mo</u>				
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) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hemiplegia (left)</u> DUE TO (c) <u>Ch. Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>3 yrs.</u> <u>3 yrs.</u> <u>1 year</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		
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 <u>May 17, 1954</u> to <u>June 29, 1956</u> that I last saw the deceased alive on <u>June 28, 1956</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. C. Clark</u> (Degree or title)				23b. ADDRESS <u>7767 Garrison Ave. St. Louis 18 Mo</u>		23c. DATE SIGNED <u>6-29-56</u>		
24a. DATE <u>JULY 2 1956</u>		24b. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>				
DATE REC'D BY LOCAL REG. <u>6-30-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u> ADDRESS <u>2906 Gravoie</u>				

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

JUN 23 1964

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 *Leo J. Budd*

Licensed Embalmer No. *398*

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.