FILED JAN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44945
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2939

1. PLACE OF DEATH a. COUNTY St.Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Beverly Hills — Inside Limits Yes X No ☐	c. CITY OR TOWN St.Louis 10 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6825 Nat'l.Bridge Mother of Good Counsel Home — Length of stay in 1b 39-days	d. STREET ADDRESS (If outside, give location) 4114a Camelia Ave. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Celia Middle Last Bringazi		4. DATE OF DEATH Month Day Year Dec.13,1956	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH Aug.10,1864
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-[redacted]	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St.Louis,Missouri	12. CITIZEN OF WHAT COUNTRY? U,S.A.
13. FATHER'S NAME John Balmer		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Theresa Bringazi,4114a Camelia Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio Vascular disease — Years.

DUE TO (c) Age

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1956, to Dec 13 1956 and last saw her/him alive on Nov 26 1956

Death occurred at 12:20 am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr C N Lindeman M.D.	22b. ADDRESS 4126 Shrew Ave	22c. DATE SIGNED 12/13/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec.15,1956	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri		
24. FUNERAL DIRECTOR Arthur J Donnelly — ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 12-13-56	26. REGISTRAR'S SIGNATURE Herbert A. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William S. Salfen

Licensed Embalmer No. 46

P. O. Address 3840 Lin

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