

All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1958

58-006922
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis-City</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. #4</u>		Length of stay in 1b <u>18y, 3m, 11d</u>	d. STREET ADDRESS <u>2808 Osage</u>		(If outside, give location) <u>2159</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>John Leroy Brante, Jr.</u>			4. DATE OF DEATH <u>Jan. 15, 1958</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 3, 1916</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Brante</u>			14. MOTHER'S MAIDEN NAME <u>Emma Staufer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>Records State Hospital #4 Farmington, Mo. Phil Brante 149 Laredo, Lemay, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Injury</u>			2 hrs.	
		DUE TO (c) <u>Fall from truck striking back of head</u>			2 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Psychosis with mental deficiency (imbecile).</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Accidentally fell from moving truck while attempting to recover his cap.</u>					
20c. TIME OF INJURY Hour <u>11:30</u> Month <u>Jan.</u> Day <u>15</u> Year <u>1958</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hosp. grounds near greenhouse.</u>
		20f. CITY, TOWN, OR LOCATION <u>St. Francois Twp., St. Francois, Mo.</u>		COUNTY <u>094</u> STATE		
21. I attended the deceased from <u>Jan. 15, 1958</u> to <u>Jan. 15, 1958</u> and last saw <u>XXXX</u> alive on <u>Jan. 15, 1958</u> . Death occurred at <u>1:50 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>John C. Brennan, M.D.</u>			22b. ADDRESS <u>State Hospital No. 4, Farmington, Missouri</u>		22c. DATE SIGNED <u>1-15-58.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal motor</u>	23b. DATE <u>1-16-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
24. FUNERAL DIRECTOR <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd. St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 15, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 18 1958

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: *David Tan*

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

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.