

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015582
STATE FILE NUMBER

FILED APR 18 1958

318

1003

3482

Registration District No. Primary Registration District No. Registrar No.

| | | | | | | | | |
|---|-------------------------------|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Houston</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>Lutheran Hosp.</u> | | | | Length of stay in lb | | d. STREET ADDRESS <u>2120 Rice Blvd.</u> (If inside, give location) | | |
| 3. NAME OF DECEASED (Type or print) First <u>ALFRED</u> Middle <u>F</u> Last <u>BRIGANCE</u> | | | | 4. DATE OF DEATH Month <u>MCH.</u> Day <u>25</u> Year <u>1958</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>March 17 1892</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photo Finisher</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Houston Tex</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Frank Brigance</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Frankie Avery</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>MRS. C. Brigance</u> Address <u>2120 Rice Blvd</u> <u>Houston Tex</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>Cardiac Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>420.1</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Myocardial Infarct due to Coronary Occlusion</u> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input 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.) | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>March 23rd, '58</u> , to <u>March 25th '58</u> and last saw ^{her} / _{him} alive on <u>Mar. 25 '58</u> Death occurred at <u>11:30 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>W. H. Walters M.D.</u> | | | | 22b. ADDRESS <u>3608 South Grand Blvd.,</u> | | 22c. DATE SIGNED <u>3/26/58</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u> | | 23b. DATE <u>3/26/58</u> | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) <u>Houston Texas</u> | | | |
| 24. FUNERAL DIRECTOR <u>JOB. P. FENDLER JR. 7128 MICHIGAN</u> (Licensed Embalmer's Statement on Reverse Side) | | | 25. DATE RECD. BY LOCAL REG. <u>MAR 26 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> <u>m & B</u> | | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cause - Terminal Cancer - Coronary Occlusion in Myocardium

MEDICAL CERTIFICATION

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 *Clarence J. Schow*

Licensed Embalmer No. *309*

P. O. Address *7158 Me*

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.