

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019517
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5874
JUN 13 1958

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u>		Length of stay in lb <u>0</u>	d. STREET ADDRESS <u>2170 39143 FOLSOM</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Brame</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-24-1871</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CABINET MAKER - SELF EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>VAN BUREN, MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN M. BRAME</u>		13b. MOTHER'S MAIDEN NAME <u>HO</u> <u>MARY LOU HASKINS</u>		14. NAME OF HUSBAND OR WIFE <u>LATE MINNIE I. BRAME</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. <u>492-12-2085A</u>	17. INFORMANT Address <u>MARVIN L. BRAME 5526 DUGAN</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>GENERALIZED ARTERIOSCLEROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____				_____	
DUE TO (c) _____				_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 <u>Feb. 16, 1958</u> to <u>June 6, 1958</u> and last saw ^{her} _{him} alive on <u>June 6, 1958</u> Death occurred at <u>4:40</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or to) <u>Daniel J. Mullally M.D.</u>			22b. ADDRESS <u>1515 Lafayette Ave.</u>		22c. DATE SIGNED <u>6/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>6-9-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS CO. MO.</u> (State)
24. FUNERAL DIRECTOR <u>KRIEGSHAUSER 4228 S. KINGS HIGHWAY</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 6 '58</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>m 873.</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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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 *Richard W. Stovessund*

Licensed Embalmer No. *4007*
P. O. Address

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.