

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020462
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1266

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. _____ b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shrewsbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shrewsbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location): HOSPITAL OR INSTITUTION 7535 Nottingham		Length of stay in 1b YRS	d. STREET ADDRESS (If outside, give location) 7535 Nottingham		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle C Last Brasser			4. DATE OF DEATH Month May Day 7 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 19, 1876		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired engraver		10b. KIND OF BUSINESS OR INDUSTRY photo-engraver		11. BIRTHPLACE (City and state or country) Rochester, N.Y.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christopher Bresser		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. UNK.	
17. INFORMANT Ruth Rake		Address 4801 Laurella		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Smoking	
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 _____ 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 4201		COUNTY _____ STATE _____	
21. I attended the deceased from Nov. 2, 1953 to May 7, 58 and last saw ^{her} him alive on April 30, 58 Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Roy C. Briggs M.D.		(Degree or title)		22b. ADDRESS 7702 Irving Ave.	
22c. DATE SIGNED 5/9/58		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/10/1958	
23c. NAME OF CEMETERY OR CREMATORY St. Paul Chruchurchyard		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
24. FUNERAL DIRECTOR J L Ziegenhein & Sons		ADDRESS 7027 Gravois		25. DATE RECD. BY LOCAL REG. 5-9-58	
26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 C. F. Kidwell

Licensed Embalmer No. 3877
P. O. Address 7027 Gravois

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.