

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027720
STATE FILE NUMBER

FILED JUL 21 1958

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1877

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Overland 423X	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10201 Thorpe		Length of stay in lb years		d. STREET ADDRESS (If outside, give location) 10201 Thorpe	
3. NAME OF DECEASED (Type or print) First Middle Last John Dever Brinton, Sr.			4. DATE OF DEATH Month Day Year July 14, 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 Jan. 28, 1880	
9. AGE (In years last birthday) 78	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) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Paper mfg.		11. BIRTHPLACE (City and state or country) Ashland, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME John Brinton		13b. MOTHER'S MAIDEN NAME Marie Hutchen		14. NAME OF HUSBAND OR WIFE Anna Brinton, 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. 186-12-5431		17. INFORMANT Virginia Crowell, 10201 Thorpe	
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 arrest</u> DUE TO (b) <u>Auricular Fibrillation</u> DUE TO (c) <u>433IH</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple Myeloma</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
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 <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>7-14-58</u> to <u>7-14-58</u> and last saw her/him alive on <u>7-14-58</u> Death occurred at <u>5:50</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>D. C. Gardner M.D.</u> (Degree or title)		22b. ADDRESS <u>917 Airport Rd.</u>		22c. DATE SIGNED <u>7/15/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>7-16-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23d. LOCATION (City, town, or county) <u>Normandy, Missouri</u>					
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donker M.D.</u>	

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 *David C. Gibson*

Licensed Embalmer No. 34574
P. O. Address Overland

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.