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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044678
STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 163 Primary Registration District No. 595 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIMMSWICK</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ARNOLD</u> 0500 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FOUR OAKS REST HOME 2 DAYS</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Rt 2 - Box 426</u>	
3. NAME OF DECEASED (Type or print) First <u>LILLIAN</u> Middle <u>—</u> Last <u>BECKER</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>22</u> Year <u>1958</u>
5. SEX <u>FEMALE</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>DEC-27-1914</u>
9a. AGE (In years last birthday) <u>43</u>		9b. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>11</u> Days <u>26</u> Hours <u>7</u> Min. <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLIAM BRUNS</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>487-26-3861</u>	
17. INFORMANT <u>MR HAROLD BECKER</u>		Address <u>Rt 2 - Box 426 ARNOLD, 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>acute respiratory infection with terminal pneumonia</u> DUE TO (b) <u>severe cerebral contusion</u> DUE TO (c) <u>with deceleration</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pt. comatose from Oct. 5-58, following injury.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>11 wks</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter details of injury in Part I or Part II of item 18.) <u>Riding on motorcycle on highway, struck by auto vehicle.</u>	
20c. TIME OF INJURY Hour <u>2</u> Month <u>10</u> Day <u>5</u> Year <u>58</u> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Yeherville</u> COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>Oct. 5, 58</u> to <u>Dec 22, 58</u> and last saw her alive on <u>Dec. 19, 58</u> Death occurred at <u>532 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>George A. O'Sullivan, M.D.</u>		22b. ADDRESS <u>7629 Jovy Ave</u>	
22c. DATE SIGNED <u>12-25-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC-26-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>ARNOLD, MO</u>
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHNVILLE, MO</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>

5 1958

DATE RECEIVED
DEC 31 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 *Herbert J. Gaa Jr.*
Licensed Embalmer No. *480*

P. O. Address *Kirkwood*

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.