

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045440

STATE FILE NUMBER

12179

FILED JAN 14 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300  
v. 1-57

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

|   |                                  |   |  |   |   |   |   |
|---|----------------------------------|---|--|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>WARREN</b> |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <b>Wright City</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>   |                                  | Length of stay in 1b  |  | d. STREET ADDRESS (If outside, give location)<br><b>R. Route 2</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HENRY</b> Middle <b>NMN</b> Last <b>BRAME</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>DECEMBER</b> Day <b>16</b> Year <b>1958</b>                     |   |   |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 25, 1890</b>  | 9. AGE (In years last birthday)<br><b>68</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                     | IF UNDER 24 HRS.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or county)<br><b>Shelbyville, Ky</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Dennis Brame</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Fannie Gatewood</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Mattie Brame</b>                       |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>Unk.</b>  |  | 17. INFORMANT<br><b>Mrs. Mattie Brame Webster, Mo.</b><br>Address <b>19 Allison Ave</b>   |   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>ENCEPHALOMYELITIS, UNKNOWN ETIOLOGY</b>   |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 WEEKS</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>343X</b>  |                                  |   |  |   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month _____ Day _____ Year _____<br>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 <b>NOV. 10, 1958</b> to <b>DEC. 16, 1958</b> and last saw her/him alive on <b>DEC. 16, 1958</b><br>Death occurred at <b>1:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><i>C. D. Vermillion, M.D.</i>   |                                  |   |  | 22b. ADDRESS<br><b>BARNES HOSPITAL</b>  |   | 22c. DATE SIGNED<br><b>12/17/58</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>12/20/58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Father Dickson Cemetery</b>                         |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |   |   |
| 24. FUNERAL DIRECTOR<br><b>G. Wade Granberry</b>  |                                  |   | ADDRESS<br><b>4202 Finney Ave.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 17 '58</b>                             |   | 26. REGISTRAR'S SIGNATURE<br><i>J. Carl Smith, MD</i><br>S.P. |

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 Edward A. Flynn .....

Licensed Embalmer No. 4444.....

P. O. Address 4202 Finney Ave.....

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.