

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045451
STATE FILE NUMBER
12366

FILED JAN 5 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>None</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hosp</i>		Length of stay in lb <i>2 26</i>	d. STREET ADDRESS (If outside, give location) <i>3731 N. Broadway</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES P BRISLANE</i>		4. DATE OF DEATH Month Day Year <i>12-20-1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-3-1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Master of working life</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Lottie's Tavern</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>
13a. FATHER'S NAME <i>James Brislane</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Powers</i>	14. NAME OF HUSBAND OR WIFE <i>Irene Brislane</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-01-4246</i>	17. INFORMANT Address <i>Irene Brislane - 3731 N. Broadway</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Peritonitis due to</i> DUE TO (b) <i>Perforated Peptic ulcer</i> DUE TO (c) <i>540.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
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.) <i>---</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>---</i>		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.) <i>---</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>---</i>	
21. I attended the deceased from <i>Dec 10 58</i> to <i>Dec 20 58</i> and last saw him alive on <i>Dec 20 1958</i> Death occurred at <i>St. Louis, Mo</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <i>Wt Jost MD</i>		22b. ADDRESS <i>3700 N Grand St</i>	22c. DATE SIGNED <i>12/20/58</i>
23a. BURIAL, CREMATION, or other disposal (Specify) <i>Burial</i>	23b. DATE <i>Dec 23, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Edw Koch & Son - 3516 h 14th</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 22 58</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> <i>mjb</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *W E Morris*

Licensed Embalmer No. *3360*
P. O. Address *St Louis, Mo*

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.