

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010739

State File No. ....

FILED MAR 20 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>2 2420</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3611 Palm St.</b>				e. STREET ADDRESS (If rural, give location) <b>3611 Palm St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>		b. (Middle) <b>H.</b>		c. (Last) <b>Brettman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8, 1959</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 1, 1898</b>	
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scullen Steel Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>August George Brettman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kleeman</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-05-3061</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Brettman 3611 Palm Street</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis.</b> DUE TO (c) <b>myocarditis - Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>420.1</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-18-1959</b> , to <b>3-8-1959</b> , that I last saw the deceased alive on <b>3-5-1959</b> , and that death occurred at <b>8:45 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Clarence S. Drum M.D.</b>				23b. ADDRESS <b>1927 A main</b>		23c. DATE SIGNED <b>3-8-59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/11/1959</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery Bellefontaine Nbs., Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>MAR 9 59</b>		REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Morrell Mortuary</b>		ADDRESS <b>3710 North Grand</b>	

**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 *Henry H. Perry*.....  
Licensed Embalmer No. *4091*

P. O. Address *St. Louis*.....

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.