

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014738
STATE FILE NUMBER
2 3392
Registration No.

FILED APR 24 1959

Registration District No.

Primary Registration District No.

Registration No.

S. 300

1-57

593
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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 a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4535 Ray			Length of stay in lb		d. STREET ADDRESS 4535 Ray		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Oscar A Briesacher				4. DATE OF DEATH April 5, 1959					
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 19, 1889		9. AGE (In years last birthday) 69	F UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done Principal or last working life, even if retired) Retired Pressman			10b. KIND OF BUSINESS OR INDUSTRY Von Hoffman Press, Belleville, Ill.		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Daniel Briesacher			13b. MOTHER'S MAIDEN NAME Adelaide Golby		14. NAME OF HUSBAND OR WIFE Norma Briesacher				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give year or dates of service) no no		16. SOCIAL SECURITY NO. 492-05-5633		17. INFORMANT Address Norma Briesacher 4535 Ray Ave.					
18. CAUSE OF DEATH (Enter only one cause per Part I for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Cardiac dilatation							INTERVAL BETWEEN ONSET AND DEATH 5 mos		
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b) Coronary Arterio Sclerosis		DUE TO (c) Hypertension		3 yrs		2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443 X							19. WAS AUTOPSY PERFORMED? 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.) 443 X						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Death occurred at 845 Ave.				to April 5/59 and last saw her him alive on 4/5/59		m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Anderson				Degree or title		22b. ADDRESS 1722 Bellevue		22c. DATE SIGNED 4/6/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-8-59		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus		23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
24. FUNERAL DIRECTOR'S ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. APR 6 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

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 Jay Fossan*

Licensed Embalmer No. *4243*
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.