

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004543

XC 1562789 Reg #A1011

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 140

FILED VS FEB 1 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN FESTUS	
Length of stay in 1b 3 1/2 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 119 Harrison Street	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JASPER Middle NMI Last BROWN			4. DATE OF DEATH Month 1 Day 11 Year 60		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-8-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass worker		10b. KIND OF BUSINESS OR INDUSTRY Glass Co.		11. BIRTHPLACE (City and state or country) Valley Mines, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Frank Brown		13b. MOTHER'S MAIDEN NAME Mary Bisch	
14. NAME OF HUSBAND OR WIFE unk.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1		16. SOCIAL SECURITY NO. UNK	
17. INFORMANT SELMA B. GRIFFIN		Address 3921 Cook St. Louis, Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 3 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE COLITIS		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Hour Month, Day, Year a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from VA **12-8-59** to **1-11-60** ~~and to the best of my knowledge, from the causes stated.~~
Death occurred at **2:50 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Ople</i> (Degree or title) W. OPPLER, MD., DIRECTOR PROFESSIONAL SERVICE VAH, JEFF BRKS 25, MO.	22b. ADDRESS	22c. DATE SIGNED 1-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-14-60	23c. NAME OF CEMETERY OR CREMATORY NAT CEMETERY JEFF BRKS	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, 25, MO.
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24. FUNERAL DIRECTOR POLITTE	ADDRESS 201 Mississippi Festus, Mo.	25. DATE RECD. BY LOCAL REG. 1-14-60	REGISTRAR'S SIGNATURE <i>John B. Munflay M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bentley R. Paley

Licensed Embalmer No. 348
P. O. Address Crystal C

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.