

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-016641**

**FILED VS APR 29 1960**

**2 3482**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b> Length of stay in 1b <b>2 Weeks</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>  c. CITY OR TOWN <b>Florissant,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1275 St. Mark Drive</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Gladys</b> Middle <b>M.</b> Last <b>Brieding</b>				<b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>26,</b> Year <b>1960</b>									
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>3-15-96</b>		<b>9. AGE (last birthday)</b> <b>64</b>		<b>IF UNDER 1 YEAR</b> Months _____ Days _____		<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cook at St.</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Leo Church</b>				<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>			
<b>13a. FATHER'S NAME</b> <b>Wilbur Shaffer</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret McKeever</b>				<b>14. NAME OF HUSBAND OR WIFE</b> _____					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				<b>16. SOCIAL SECURITY NO.</b> <b>488-26-8873</b>		<b>17. INFORMANT</b> Address <b>Mrs Bernice McNamara, 1275 St. Mark Dr.</b>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute cardiac failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arteriosclerosis. C.V. Heart Disease</i> DUE TO (c) <i>Diabetes Mellitus</i>										INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>  <b>6 yrs.</b>  <b>10 yrs.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260x</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____									
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____				<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>11/29/54</u> to <u>3/26/60</u> and last saw her/him alive on <u>3/26/60</u> Death occurred at <u>10:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> (Degree or title) <i>J. J. Capra M.D.</i>						<b>22b. ADDRESS</b> <i>1901 Madison St.</i>				<b>22c. DATE SIGNED</b> <i>3/28/60</i>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>			<b>23b. DATE</b> <b>3-30-1960</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>			<b>23d. LOCATION (City, town, or county)</b> <b>St. Louis, Missouri</b>					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Math. Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>					<b>25. DATE RECD. BY LOCAL REG.</b> <b>MAR 28 1960</b>			<b>26. REGISTRAR'S SIGNATURE</b> <i>Carl Smith M.D.</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*2, 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Glenn W. Nally*

Licensed Embalmer No. 3737

P. O. Address St. James

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.