MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED ✓

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 439 STATE FILE NUMBER 61-007081

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Mo. — Length of stay in 1b: 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5910 WASHINGTON — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MARION Middle: Last: BRIAN

4. DATE OF DEATH Month: February Day: 9 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10-9-87
9. AGE (last birthday): 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY: nil
11. BIRTHPLACE (City and state or country): Rochester, New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Simpson
13b. MOTHER'S MAIDEN NAME: Duffy, ?
14. NAME OF HUSBAND OR WIFE: Brian, Leo – Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Records at Koch Hospital — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 January 27, 1961, to Feb. 9, 1961 and last saw her alive on Feb. 9, 1961
Death occurred at 1:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. C. Harris (Degree or title) MD
22b. ADDRESS Robert Koch Hospital, Koch Mo
22c. DATE SIGNED 2-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Feby 13, 1961
23c. NAME OF CEMETERY OR CREMATORY Valhalla Chapel
23d. LOCATION (City, town, or county) St. Louis County (State) Mo

24. FUNERAL DIRECTOR Shepard Funeral Home ADDRESS 1167 Hamilton Ave
25. DATE RECD. BY LOCAL REG. 2-11-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENTS ON THIS RECORD ARE AS FOLLOWS

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,

~~under~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lawrence O. Gerling

Signature of Student Embalmer

Licensed Embalmer No. 4979

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.