

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021245

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1403

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14000

20920

3

4 0

5 1

6

7 1

8 1

95703

10

11

12 48-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS,		c. CITY OR TOWN ST. CHARLES	
Length of stay in lb 129 1/2 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) RR 3, BOX 72	
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 JOHN Middle HART Last BREAZEALE			4. DATE OF DEATH Month MAY Day 4 Year 1962
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 8-15-03
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (last birthday) 59
11a. BIRTHPLACE (City and state or country) HAMBURG, ARK.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN BREAZEALE		13b. MOTHER'S MAIDEN NAME ELLEN BERRY	14. NAME OF HUSBAND OR WIFE VELMA BREAZEALE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VELMA BREAZEALE, RR 3, Box 72, ST CHARLES, MO., WIFE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATIONAL ASPHYXIA			INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASPIRATION OF GASTRIC CONTENTS			
DUE TO (c) VOMITING CAUSED BY BOWEL OBSTRUCTION (VOLVULUS OF SIGMOID & TRANSVERSE COLONS)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 4:10 AM a.m. p.m.	Month, Day, Year		
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 XXXXXXXXXXXX	COUNTY ST CHARLES STATE MO.
21. <input checked="" type="checkbox"/> VA included the deceased from 10-16-58 to 5-4-62 Death occurred at 4:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul G. Strohmeier</i> STROHMEIER, MD		22b. ADDRESS VAH JEFFERSON BARRACKS, MO.	22c. DATE SIGNED 5-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1962	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-7-62	26. REGISTRAR'S SIGNATURE <i>John C. Manning</i>

MAY 24 1962

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 C. Paul

Licensed Embalmer No. 5060

P. O. Address St. Charles 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.