# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10614 STATE FILE NUMBER 63-041255

FILED OCT 31 1963 Sic 26590 XC-11 709 713

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 15 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, ST. LOUIS, MO. — 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): 6034 W. CABANNE PLACE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle L. Last BRYSON
4. DATE OF DEATH: Month 10 Day 23 Year 1963
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/1/12
9. AGE (last birthday): 50 — 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): RETIRED WRITER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): CARBON, OKLAHOMA,
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: FRANK THOMAS
13b. MOTHER'S MAIDEN NAME: JOSIE HILL
14. NAME OF HUSBAND OR WIFE: ELLEN BRYSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-II
16. SOCIAL SECURITY NO.
17. INFORMANT: ELLEN BRYSON (WIDOW) Address: SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CEREBRAL ARTERY EMBOLISM AND PULMONARY ARTERY EMBOLISM

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) MYOCARDIAL INFARCTION

DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

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/ VA attended the deceased from 10/8/63, to 10/23/63 and last saw ~~SEE~~ him alive on 10/23/63

Death occurred at 12:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jerome V. Basinski (Degree or title) M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 10/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-27-63
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): McAlester, Oklahoma

24. FUNERAL DIRECTOR: Russell Funeral Home ADDRESS: 5560 Etzel Ave.
25. DATE RECD. BY LOCAL REG.: OCT 25 1963
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | | | |
| 2 | 2051 | | |
| 3 | 2 | | |
| 4 | 2 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 2 | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | 83-0 | | |
| 13 | | | |

83

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

**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 Nicholas Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor,

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.