

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045267

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** City Registration District No. **1003** Registrar's No. **11498**

FILED DEC - 2 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1				
24007				
3				
4 0				
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7 0				
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10				
12 58-0				
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58		SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Deaconess Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>309 Fairlawn Avenue</i>	
3. NAME OF DECEASED (Type or print) First <i>Baby</i> Middle <i>Bay</i> Last <i>Brackman</i>		4. DATE OF DEATH Month <i>November</i> Day <i>14</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 14 1963</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Missouri</i>
13a. FATHER'S NAME <i>Crest Milton Brackman</i>		13b. MOTHER'S MAIDEN NAME <i>Sandra Jean Pribble</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary insufficiency</i> DUE TO (b) <i>immaturity</i> DUE TO (c) <i>7:35</i>		17. INFORMANT Address <i>Crest Milton Brackman, 309 Fairlawn</i>	
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 <i>7:35</i> 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 <i>6:18 AM, 11/14/63</i> to <i>10:24 AM, 11/14/63</i> and last saw him alive on <i>November 14, 1963</i> Death occurred at <i>10:24</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS <i>35 N. Central</i>	22c. DATE SIGNED <i>14 Nov 63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>11-30-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>MO. ANATOMICAL BOARD, 1402 S. GRAND</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 21 1963</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

808-07075

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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.