

300
48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 28 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43073**
Registrar's No. **3088**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2663		Registrar's No. 3088	
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. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) OR TOWN 1-day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		1173	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital				d. STREET ADDRESS (If rural, give location) 252 Monica Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Clifford b. (Middle) B. c. (Last) Brazeal			4. DATE OF DEATH (Month) (Day) (Year) 12-19-1950				
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH SEPT 5 1913		9. AGE (In years last birthday) 37	10. MONTHS 1	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Salesman		10b. KIND OF BUSINESS OR INDUSTRY Thoms; Pontiac Company		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ira Brazeal		13b. MOTHER'S MAIDEN NAME Lola Pope		14. NAME OF HUSBAND OR WIFE Mrs. June Brazeal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War # 2		16. SOCIAL SECURITY NO. 539-05-9216		17. INFORMANT'S SIGNATURE OR NAME Mr. Amos Brazeal, Ilmo, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of left kidney and spleen			INTERVAL BETWEEN ONSET AND DEATH hrs.
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound of abdomen			hrs.
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. #1			
19a. DATE OF OPERATION 12/19		19b. MAJOR FINDINGS OF OPERATION Lacerated spleen + left kidney - Splenectomy				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood St. Louis Mo.			
21d. TIME OF INJURY 12-19-50 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted gunshot wound			
22. I hereby certify that I attended the deceased from 12-19-1950 to 12-19-50 , 19____, that I last saw the deceased alive on 12-19-1950 , and that death occurred at 11:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles M. Lederer M.D.				23b. ADDRESS St. Louis Co. Hospital		23c. DATE SIGNED 12/19/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Funeral Home		24b. DATE Dec. 23, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 12/21/50		REGISTRAR'S SIGNATURE Herbert R. Donohue M.D.		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

JAN 19 1951
S C N W F

3 1951

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

.....
working under my personal supervision.

Student Embalmer No.

Signed

W H Van Matre

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4240 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.