

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44105**
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3328**

FILED JAN 9 1953

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| 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 Manchester | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 4002 | |
| c. LENGTH OF STAY (in this place) 1 yr | | d. STREET ADDRESS (If rural, give location) Unknown | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Home | | | |

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|------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Brookshire c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 23-1952 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct 28-1877 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months 1 Days 25 |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) unknown | | 10b. KIND OF BUSINESS OR INDUSTRY unknown | | 11. BIRTHPLACE (City and State or Foreign Country) unknown 9 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | | | | |

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| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Pine Crest Home - Manchester Mo ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation | | 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Arteriosclerosis generalized | | 1 yr 1 yr |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured R hip (6-23-51) | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 422 IF | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **7/23**, 19**51**, to **12/24**, 19**52**, that I last saw the deceased alive on **12/24**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE L. A. Heshelwood (Degree or title) | 23b. ADDRESS Ridgwood, Mo | 23c. DATE SIGNED 12/29/52 |
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|------------------------------------|---------------------------|------------------------------------------------------------|------------------------------------------------------------------|
| 24a. BURIAL OR CREMATION (Specify) | 24b. DATE 12/29/52 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 24d. LOCATION (City, town, or county) (State) St Louis Mo |
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| DATE REC'D BY LOCAL REG. 12-29-52 | REGISTRAR'S SIGNATURE Herbert Anderson | FUNERAL DIRECTOR'S SIGNATURE M. Rowland ADDRESS Mortuary 4104 Manchester |
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(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

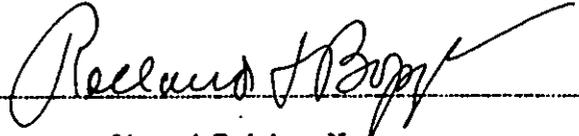
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. _____

P. O. Address _____

Not Embalmed

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