

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1955

State File No. **9402**  
Registrar's No. **1757**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL, and give township) <b>St. Louis Mo</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. J. Delmar</b>				e. STREET ADDRESS (If rural, give location) <b>19 3855<sup>th</sup> Delmar</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>N</b> c. (Last) <b>Brookshire</b>			4. DATE OF DEATH (Month) <b>2</b> (Day) <b>7</b> (Year) <b>1955</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid</b>		8. DATE OF BIRTH <b>Apr 18 1890</b>	
9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 Hrs. _____ Min. _____		9. AGE (In years last birthday) <b>65</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Wid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wid</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wid</b>		12. CITIZEN OF WHAT COUNTRY? <b>9</b>	
13a. FATHER'S NAME <b>Wid</b>		13b. MOTHER'S MAIDEN NAME <b>Wid</b>		14. NAME OF HUSBAND OR WIFE <b>Wid</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Wid</b>		16. SOCIAL SECURITY NO. <b>Wid</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>H.C. Taylor (Gr. 1300 Clark</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>EXTERNAL Hemorrhage following</b> ANTECEDENT CAUSES <b>Star Wounds of Neck Suffered</b> <b>When Stopped With Dutcher Knife in</b> DUE TO (a) _____ (b) _____ (c) _____ DUE TO (a) _____ (b) _____ (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Wounds of one John Richardson in back</b>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>of Home. Exact Time 2-2:30</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2 2 1955</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Star Wound E982-X</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.							
23a. SIGNATURE <b>James M. Kelly</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2/14/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 24 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>St. Louis 10, Mo.</b>			

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

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 *Gene A. Satchers*.....

Licensed Embalmer No. *4966*.....

P. O. Address *A. Louis*.....

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.