

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34612

State File No.

9041

Registrar's No.

1003

REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. Deaconess Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5056a Tholozan Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Ross</u> c. (Last) <u>Brisbin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 21, 1896</u>	
9. AGE (In years last birthday) <u>58</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Principal</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Raymore, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arthur Brisbin</u>		13b. MOTHER'S MAIDEN NAME <u>Florence (Un'kn)</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Brisbin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	
16. SOCIAL SECURITY NO. <u>WW I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Brisbin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MAJOR FINDINGS OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Coronary Arteriosclerotic Heart Disease</u>	
DUE TO (c) <u>Diabetes Mellitus</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		15 yrs	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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 <u>10-8-</u> , 19 <u>54</u> , to <u>10-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-16</u> , 19 <u>55</u> , and that death occurred at <u>4:15P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Comptroller M.D.</u>		23b. ADDRESS <u>634 N. Grand Blvd.</u>	
23c. DATE SIGNED <u>10-17-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Oct. 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister Colonial Mortuary</u>	
DATE REC'D BY LOCAL REG. <u>OCT 17 1955</u>		ADDRESS <u>6464 Chippewa St., St. Louis, Mo.</u>	

S. P., (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Mr. Clarence Mueller
Mr. J. H. B. B. B.
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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 *Harry J. Lehman*.....
Licensed Embalmer No. 2671

P. O. Address 7814 S. Pennsylvania

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.