

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15067

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>8200</u>				
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution, residence before admission). a. STATE <u>Mo</u>				b. COUNTY _____		
b. CITY OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		10. CITY OR TOWN <u>St. Louis Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4137 N. Newstead</u>				2109		
3. NAME OF DECEASED (Type or Print) <u>JOSEPH-C-BRICE</u>				a. (First)		b. (Middle)		c. (Last)		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>Jan 9, 1894</u>		9. AGE (If last birthday) <u>62</u>		
10. USUAL OCCUPATION (Give kind of work done during most of the year when retired) <u>Pipefitter</u>			11. KIND OF BUSINESS OR INDUSTRY <u>Pipefitting</u>			11. BIRTH PLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>George Brice</u>			13b. MOTHER'S MAIDEN NAME <u>Charles Murray</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Hilda Brice</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>			16. SOCIAL SECURITY NO. <u>497-01-0537</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Brice</u>				ADDRESS <u>4137 N. Newstead</u>	
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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastric Dilatation</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Obstruction</u>						<u>36 hrs.</u>		
		DUE TO (c) <u>Diaphragmatic Hernia</u>						<u>5 yrs</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis Agitans</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min) _____		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>Feb 8</u> , 19 <u>55</u> , to <u>March 26</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>56</u> and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Convent A. Michel</u>				23b. ADDRESS <u>16 Hampton Village</u>				23c. DATE SIGNED <u>3/27/56</u>		
24a. DATE REC'D BY LOCAL REG. <u>3-28-56</u>		24b. DATE <u>Mar 29 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) <u>St. Louis Mo</u>		(State) _____		
24e. REGISTRAR'S SIGNATURE <u>Herbert R. Rombert</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Quins 2470 Wood Ave</u>						
				ADDRESS <u>Dennings Mo 21</u>						

(Licensed Embalmer's Statement on Reverse Side)

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.....
[Handwritten Signature]

Licensed Embalmer No. *331*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.