

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **17937**

FILED JUN 14 1956

BIRTH NO. 33465-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5164

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 7</u> d. STREET ADDRESS (If rural, give location) <u>4034 Grove St. 2109</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Cheryl</u> (Middle) <u>Gunn</u> c. (Last) <u>Brygh #1</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5 29 56</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Infant</u>	<b>8. DATE OF BIRTH</b> <u>5-26-56</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>John Walter Brygh</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marjorie Marie Manning</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of admission)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>John W Brygh</u>
		<b>ADDRESS</b> <u>4034 GROVE</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Prematurity</u> ANTECEDENT CAUSES <u>Premature labor</u> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>776x</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 5-26, 1956, to 5-29, 1956, that I last saw the deceased alive on 5-28, 1956, and that death occurred at 4:50 A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>MD.</u>	<b>23b. ADDRESS</b> <u>4222 N. Grand</u>	<b>23c. DATE SIGNED</b> <u>5-29-56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>5/29/56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Gahvary Cemetery</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Mo</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>MAY 29 1956</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>
		<b>ADDRESS</b> <u>Central and Co 1841 Cass Ave</u>

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

(Licensed Embalmer's Statement on Reverse Side)

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.

*not Embalmed*

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*J. M. Ruster*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.