

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24856

FILED JUL 20 1956

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1003

State File No. ....

6465

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 Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		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 3526 Humphrey St.				e. STREET ADDRESS (If rural, give location) 16 3526 Humphrey Street 2169			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie		b. (Middle)		c. (Last) Bright		4. DATE OF DEATH (Month) (Day) (Year) July 8, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Aug. 27, 1889	
9. AGE (in years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printing			10b. KIND OF BUSINESS OR INDUSTRY Missouri Prtg. Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Bright			13b. MOTHER'S MAIDEN NAME Ellen Cull		14. NAME OF HUSBAND OR WIFE None		
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. 492-10-3273		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Matheny - 3526 Humphrey			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Heart Failure</u> DUE TO (c) <u>Hypertensive cardiovascular renal dis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Right CVA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN.</u> <u>1 year</u> <u>7/7/56</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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>7-5</u> , 19 <u>55</u> , to <u>7-8</u> , 19 <u>56</u> that I last saw the deceased alive on <u>7-8</u> , 19 <u>56</u> and that death occurred at <u>4:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Steiner</u> (Degree or title) MD				23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>7/10/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Matthew's Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUL 10 1956		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WACKER-HELDERLE - 3634 Gravois Ave.			

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.....

Licensed Embalmer No. 267

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.