Health & Welfare Public Health Service

S. 300
v. 1-56

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38530

STATE FILE NUMBER

FILED OCT 16 1957

Registration District No. 312 Primary Registration District No. 544 Registrar's No. 2397

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph 'sHospital — Length of stay in 1b: 1Week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo — b. COUNTY: ~~From~~ St. Louis

c. CITY OR TOWN: Frontenac 441D — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): #11 Country Side Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Henry — Middle: Arthur — Last: Brereton

4. DATE OF DEATH Month Day Year: Sept. 27, 1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 14, 1883

9. AGE (In years last birthday): 74yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chairman Of Board Consolided Chem. Lab.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Toronto, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Arthur Brereton

14. MOTHER'S MAIDEN NAME: Georgia Cameron

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): NOne

16. SOCIAL SECURITY NO.: 488-05-6585

17. INFORMANT Address: Mr. Jack Brereton 719 Sherwood Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Bilateral Renal Artery Thrombosis — 4 days

DUE TO (c): 454X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): arterial sclerotic Heart Disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 23/57, to Sept 27/57 and last saw ~~him~~ him alive on Sept 27/57. Death occurred at 9:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles R. Burnside M.D.

22b. ADDRESS: 206 N. Clay Kirkwood 22 Mo

22c. DATE SIGNED: 9/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 30, 1957

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis. Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Alexander + Sons 6175 Delmar

25. DATE RECD. BY LOCAL REG.: 9-29-57

26. REGISTRAR'S SIGNATURE: Herbert R. Dombe M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr Chas Burnside 8-30
206 N Clay
Tal 4300

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E McCulloh

Licensed Embalmer No. 24

P. O. Address 6170 Le

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