

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

State File No. **42010**
Registrar's No. **11043**

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| 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) b. STATE Missouri c. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 2 yrs. 8 mo 9 days | | c. CITY OR TOWN Affton St. Louis | | 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 St. Louis Chronic Hospital | | | | e. STREET ADDRESS (If rural, give location) 6330 Hurstgreen Lane. Affton, Mo | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bertha | | b. (Middle) (Ann) | | c. (Last) Gleason. | | 4. DATE OF DEATH (Month) (Day) (Year) November 16, 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Nov. 9, 1880 | |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil. | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania U.S.A. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Eber Brinning | | 13b. MOTHER'S MAIDEN NAME Emma Little | | 14. NAME OF HUSBAND OR WIFE George | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 181-05-38710 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Long 9038 Rosemary | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 491x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? 2 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 March 7, 1955 , to November 16, 1957 , that I last saw the deceased alive on Nov. 16, 57 , and that death occurred at 1105A m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John W. Beckham, M.D. | | | | 23b. ADDRESS 5800 Arsenal | | 23c. DATE SIGNED 11/18/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11/21/57 | | 24c. NAME OF CEMETERY OR CREMATORY Gen. Assn. of Dummors Pa | | 24d. LOCATION (City, town, or county) (State) Dummors Pa. | |
| DATE REC'D BY LOCAL REG. NOV 1957 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois | | | |

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 *G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grava*

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.