

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026794
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 6749

300

1-57

| | | | |
|---|---------------------------|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 38 E/R To City Hosp. | | Length of stay in lb 223 7/8 | d. STREET ADDRESS (If outside, give location) 2312 South 12th. |
| 3. NAME OF DECEASED (Type or print) First Middle Last LEORA BRUTON | | 4. DATE OF DEATH Month Day Year July 3, 1958 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2--1906 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) East St. Louis, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Duncan | |
| 13b. MOTHER'S MAIDEN NAME Hazel Mary Stoffel | | 14. NAME OF HUSBAND OR WIFE Arthur (Deceased) | |
| 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. — | |
| 17. INFORMANT Robert Stoffel, 1702 Dolman | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal phase of disease) Brain found in Missouri river at the foot of St. Louis Bridges at 15 feet, July 3rd, 1958. Cause and manner of same could not be determined E929.8-42 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20. APPROPRIATE Verdict <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour Month, Day, Year 1215 p.m. 7 3 58 | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) e.c.o. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River | |
| 20f. CITY, TOWN, OR LOCATION St. Louis | | COUNTY Mo | |
| 21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ 1215 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Patrick C. Taylor, Coroner | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 7.7.58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 7-7-1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette | | 25. DATE RECD. BY LOCAL REG. JUL 7 '58 | |
| 26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. 3.0. | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.