

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045450
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11469

CORONER PATRICK TAYLOR REQUESTS UNDERTAKER TO BRING CERTIFICATE TO HIMSELF BASED ON MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY City of St. Louis, Mo.		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 City of St. Louis		c. CITY OR TOWN St. Louis, Mo.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 40 St. Louis Little Rock		Length of stay in hospital 80 days 2 months	d. STREET ADDRESS (If outside, give location) 4050 Miami
3. NAME OF DECEASED (Type or print) Mrs. Daisy K. Bright			4. DATE OF DEATH Month Nov. Day 27 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1874
9. AGE (In years last birthday) 84	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) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY **	11. BIRTHPLACE (City and state or country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David A. Kusel	13b. MOTHER'S MAIDEN NAME Nellie Evans
14. NAME OF HUSBAND OR WIFE Thomas M. Bright		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 Miss Helen Bright, 4050 Miami St.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis- Fracture Right Femur	INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), (b), or (c), if underlying cause. OK. Joseph M. Lembeck		DUE TO (b) Auricular Fibrillation	2 months
		DUE TO (c) Congestive Heart Failure.	3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) F904.0			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall at Home Oct. 24, 1958.		
20c. TIME OF INJURY Hour 10:24 Month 58 Day 12 Year noon	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION St. Louis, Mo.	20f. COUNTY St. Louis	20g. STATE Mo.	
21. I attended the deceased from Oct. 24, 1958 to Nov. 27, 58 and last saw her alive on Nov. 27, 1958. Death occurred at 11:00AM Nov. 27, 58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Lembeck, M.D.		22b. ADDRESS 607 N. Grand Blvd.	22c. DATE SIGNED 11-27-58
23a. BURIAL, CREATION, OR REMOVAL Removal	23b. DATE Dec. 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Beiderwieden F.H., Inc., 1936 St. Louis Av.		25. DATE RECD. BY LOCAL REG. NOV 28 '58	26. REGISTRAR'S SIGNATURE Carl Smith MO

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 *Homer W. Jutz*

Licensed Embalmer No. *3882*

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.