

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006929  
STATE FILE NUMBER  
21613  
Registrar No.

FILED MAR 2 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>ST LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4975 OLEATHA</i>		d. STREET ADDRESS <i>4975 OLEATHA</i>	

3. NAME OF DECEASED (Type or print) First <i>ROY</i> Middle <i>WESLEY</i> Last <i>BRIGHTFIELD</i>			4. DATE OF DEATH Month <i>FEB.</i> Day <i>12,</i> Year <i>1959</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MARCH 29, 1894</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done or profession, if retired) <i>DRY CLEANING</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>BELLEVILLE, ILL.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>CHARLES BRIGHTFIELD</i>	13b. MOTHER'S MAIDEN NAME <i>ANNA BELLE</i>	14. NAME OF HUSBAND OR WIFE <i>AGNES BRIGHTFIELD</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <i>NO</i> ; unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>AGNES BRIGHTFIELD</i> Address <i>4975 OLEATHA</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>181.0</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.
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20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>2:00</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Ralph Bergman</i> (Degree or title)	22b. ADDRESS <i>32038 Grand</i>	22c. DATE SIGNED <i>2/14/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>2/16/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NEW ST MARCUS CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>ST LOUIS MO,</i>
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24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN &amp; SONS</i> ADDRESS <i>7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 16 59</i>	REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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*In C. B.*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Donald E. Brum* .....  
Licensed Embalmer No. *4823* .....  
P. O. Address *St. Louis, Mo.* .....

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.