

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010732  
STATE FILE NUMBER  
Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. **2479**

**MAR 30 1959**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>AFFTON</b> <b>4820</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ALEXIAN BROTHERS HOSP</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>9319 NILES PL.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MELVIN</b> Middle <b>J</b> Last <b>BRADEN</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>9</b> Year <b>1959</b>		
5. SEX <b>MALE</b> <input type="radio"/>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 19, 1906</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	11. BIRTHPLACE (City and state or country) <b>MANITOBA, CANADA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>-----BRADEN</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>BERNIECE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>BERNIECE BRADEN</b> Address <b>9319 NILES P1.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocarditis &amp; abscesses</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } <b>PERICARDITIS</b> DUE TO (b) <b>PERICARDITIS</b>  DUE TO (c) <b>Diabetes Mellitus - gastric &amp; duod ulcerations</b>		INTERVAL BETWEEN ONSET AND DEATH <b>several days</b> <b>several hrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from <b>Feb 2 - 59</b> to <b>3-9-59</b> and last saw her alive on <b>3-9-59</b> Death occurred at <b>5 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Ernest A. Creelless M.D.</b> (Degree or title)	22b. ADDRESS <b>752 Leavenworth St. St. Louis</b>	22c. DATE SIGNED <b>3/9/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>3/11/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO., Mo.</b>
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24. FUNERAL DIRECTOR <b>J L ZIEGENHEIN &amp; SONS</b> ADDRESS <b>7027 GRAVOIS</b>	25. DATE RECD. BY LOCAL REG. <b>MAR 11 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57  
01  
3A

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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 *David E. Brown* .....

Licensed Embalmer No. *2963* .....  
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.