

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022734
STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **26147**

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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 MARIAN HOSPITAL		Length of stay in 1b 36 Years	d. STREET ADDRESS (If outside, give location) 3318a Salena
3. NAME OF DECEASED (Type or print) First ELBERT Middle WESLEY Last BRUMITT			4. DATE OF DEATH Month Day Year JUNE 28, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/30/1883
9. AGE (In years) 75		FUNDER 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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William H. Brumitt	
13b. MOTHER'S MAIDEN NAME Martha Herrin		14. NAME OF HUSBAND OR WIFE Ethel Brumitt	
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. 496 22 7199	
17. INFORMANT Ethel Brumitt, 3318 a Salena		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) Cirrhosis of Liver			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			581.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from June 19, 1959, to June 28, 1959 and last saw him alive on June 29, 1959 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leroy E. Ellison MD		(Degree or title)	22b. ADDRESS 3610 So Broadway St Louis MO
22c. DATE SIGNED June 29, 19			
23a. BURIAL, CREMATION, REMOVAL		23b. DATE 7/1/1959	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Ceme.
23d. LOCATION (City, town, or county) St. Louis County, Mo.		(State)	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette Ave.		ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 29 '59
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.		mjs	

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. Ferris*

Licensed Embalmer No. *338*

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.