

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

59-037444

STATE FILE NUMBER

210084

Registration District No. Primary Registration District No. Registrar's

RECOMMENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b>				Length of stay in lb <b>18 days</b>		c. CITY OR TOWN <b>HEMET</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>716 E. MAYBERRY AVE.</b>	
3. NAME OF DECEASED (Type or print) First <b>LEONCE</b> Middle <b>C.</b> Last <b>BRIGNAC</b>				4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>1</b> Year <b>1959</b>			
5. SEX <b>MALE</b>		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>1/28/02</b>	
9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SOLDIER</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>HAMMOND, LOUISIANA</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>SIMON BRIGNAC</b>				13b. MOTHER'S MAIDEN NAME <b>MARY LOBELL</b>		14. NAME OF HUSBAND OR WIFE <b>CLELLA BRIGNAC</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT Address <b>VA HOSP. RECORDS, ST. LOUIS, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>HEPATIC COMA</b>							<b>4 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ) DUE TO (b) <b>HEPATOMA OF LIVER</b>							<b>3 MONTHS</b>
DUE TO (c) <b>CIRRHOSIS OF LIVER</b> <b>155.0</b>							<b>9 YEARS</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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. <b>VA</b> attended the deceased from <b>10/14/59</b> to <b>11/1/59</b> and last saw him alive on <b>11/1/59</b>		Death occurred at <b>1:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>George L. Tucker M.D.</b>				22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>11-1-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>11/2/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Gonzales, La.</b>		23d. LOCATION (City, town, or county) (State) <b>Gonzales, La</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Edward Fandler 5611 South Grand Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 3 1959</b>		26. REGISTRAR'S SIGNATURE <b>Coal Smith, M.D.</b> <i>m. j. B.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 J. W. Humphreys

Licensed Embalmer No. 477

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.