

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1960

318

Primary Registration District No. 1003

Registrar's No.

7731

-60-031936

STATE FILE NUMBER

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 TOWN XXXXX COUNTY KY St, Louis				Length of stay in 1b		c. CITY OR TOWN Town and Country	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St, Lukes Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2548 Town & Country	
3. NAME OF DECEASED (Type or print) First Middle Last Laura Ann Braznell				4. DATE OF DEATH Month Day Year 8 4 60			
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Baby		8. DATE OF BIRTH 7/31/60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gerald K. Braznell			13b. MOTHER'S MAIDEN NAME Barbara Morrow			14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT Gerald K. Braznell, 2548 Town & Country		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ATALECTASIS</u> DUE TO (b) <u>(IMMATUREITY)</u> DUE TO (c) <u>PREMATURE BIRTH @ 33 WKS GESTATION</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>AGENESIS, Rt. KIDNEY</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
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.) <u>762.5</u>			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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 <u>7-31-60</u> to <u>8-4-60</u> and last saw <u>her</u> alive on <u>8-4-60</u> Death occurred at <u>12⁰⁵ AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.				22b. ADDRESS <u>8505 DELMAR BLVD., St. Louis (24)</u>		22c. DATE SIGNED <u>8-4-60</u>	
23a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		23b. DATE <u>8/5/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St, Louis County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Pfritzing Mortuary, Kirkwood, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>AUG 5 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u> M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*9
Not Embalmed*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. *4366*

P. O. Address *[Signature]*

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.