

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045315
STATE FILE NUMBER

AMENDED

Registration District No. 142 Primary Registration District No. 5595 Registrar's No. 128

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Imperial		Length of stay in 1b 4-mos.		c. CITY OR TOWN St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1 Valley Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3636 Dunnica Ave.		
3. NAME OF DECEASED (Type or print) First Middle Last Leona Marie Bressie			4. DATE OF DEATH Month Day Year 12 14 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/9/05	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) credit manager		10b. KIND OF BUSINESS OR INDUSTRY Seidel Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jacob Kuhl		13b. MOTHER'S MAIDEN NAME Ida Eckert		
14. NAME OF HUSBAND OR WIFE Orin J. Bressie		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. unknown		
17. INFORMANT Mrs. Barbara Voelpel-Imperial, Mo.		17. ADDRESS		17. 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) CARCINOMATOSIS					INTERVAL BETWEEN ONSET AND DEATH 11 MONTHS	
DUE TO (b) PRIMARY - CARCINOMA OF PANCREAS						
DUE TO (c)						
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.		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 Aug 10, 1961 to Dec 14, 1961 and last saw her/him alive on OCT 2 1961 . Death occurred at 11:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Ralph J. Gaff MD (Degree or title)			22b. ADDRESS Jewish Hosp		22c. DATE SIGNED 12/15/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Dec. 18, 1961		23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		
23d. LOCATION (City, town, or county) St. Louis, Missouri		23d. LOCATION (City, town, or county) St. Louis, Missouri		23d. LOCATION (City, town, or county) St. Louis, Missouri		
24. FUNERAL DIRECTOR WACKER-HELDERLE-3634 Gravois Ave.		25. DATE RECD. BY LOCAL REG. 12-18-61		26. REGISTRAR'S SIGNATURE Robert E. Bauer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 1961

FEB 6 1962

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 Delis J. Krupin

Licensed Embalmer No. 3497

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.