

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012485

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

3088

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 6 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 27 1/2 hrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital		d. STREET ADDRESS (If outside, give location) 3952 Schiller Place	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last KEVIN PATRICK BRANDT			Month Day Year 3 20 62
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-62
9. AGE (last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done None most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Richard V. Brandt	
13b. MOTHER'S MAIDEN NAME Marilyn Beyer		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (NO)		16. SOCIAL SECURITY NO. None	
17. INFORMANT Ann Pryor 500 So. King Highway		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)		Cardiac failure Respiratory failure	
DUE TO (b)		Respiratory distress Syndrome.	
DUE TO (c)		Bilateral Pneumonia "H" Type T-E Fistula	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 763.0		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. give about home, farm, factory, street, public bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 3-19-62 to 3-20-62 and last saw him alive on 3-20-62	Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Malcolm Terbell</i>	22b. ADDRESS Children's Hospital	22c. DATE SIGNED MAR 22 1962	
23a. BURIAL, CREMATION, EMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	MAR 22, 1962	S.S. PETER & PAUL	ST. LOUIS MO
24. FUNERAL DIRECTOR <i>Thomas Ruto</i>	ADDRESS 2906 Brown	25. DATE RECD. BY LOCAL REG. MAR 22 1962	26. REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

8A

2/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edmund Poince

Licensed Embalmer No. 3483

P. O. Address 2906 Quorum

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.