MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016620

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4181

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 8 9 — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Mo.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3028 CAROLINE ST. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY:
c. CITY OR TOWN: ST. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3028 CAROLINE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): Willie Gene Brisson — Willie Gene Brisson
4. DATE OF DEATH: Month 4 Day 21 Year 62
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐ INFANT
8. DATE OF BIRTH: 12-5-61
9. AGE (last birthday): 4 mos. — IF UNDER 1 YEAR: Months Days Hours — IF UNDER 24 HR: Min.
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: Willie Gene Brisson
13b. MOTHER'S MAIDEN NAME: Barbara Jean Kenny
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Selma Sykes — Address: 3028 Caroline

MEDICAL CERTIFICATION

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): Suffocation; when found in bed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): at home on April 21st, 1962
DUE TO (c): accident (no plastic involved)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 924.0-18
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 4-21-62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18 Home
20f. CITY, TOWN, OR LOCATION: St Louis, Mo — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph McQuinn Deputy Co.
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-24-62
23c. NAME OF CEMETERY OR CREMATORY: OAKDALE CEMETARY
23d. LOCATION (City, town, or county) (State): LEMAY, Mo.

24. FUNERAL DIRECTOR: McCLAIN — ADDRESS: 2812 CASS
25. DATE RECD. BY LOCAL REG.: APR 23 1962
26. REGISTRAR'S SIGNATURE: Ward Smith M.D.

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 Wallace R. Williams

Licensed Embalmer No. 4926

P. O. Address 5135 Lotus

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.