MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021247

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1522

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4022
2 4022
3 2
4 1
5 2
6
7 2
8 2
9 332X
10
11
12 86-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville
Length of stay in 1b YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Sa nitarium
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ellisville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Manchester Road
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FLORENCE Middle JOSEPHINE L. Last BRIDEN

4. DATE OF DEATH Month May Day 20 Year 1962

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 10/5/1866
9. AGE (last birthday) 95
IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most active life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) North Augusta Ontario
12. CITIZEN OF WHAT COUNTRY Cananda Canada

13a. FATHER'S NAME James Lowrey
13b. MOTHER'S MAIDEN NAME Jane Eliza Haines
14. NAME OF HUSBAND OR WIFE George Shorey Briden, late

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. —
17. INFORMANT Richard Lodge Address 847 Rampart Dr St. Louis 22, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized + Cerebral Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchopneumonia

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1962, to May 19, '62 and last saw he/him alive on May 19, 1962
Death occurred at 1 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph J. Lauber (Degree or title) M.D.
22b. ADDRESS 11745 Olive St. Rd.
22c. DATE SIGNED May 23, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 5/22/62
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) Kingston Ontario (State) Canada

24. FUNERAL DIRECTOR C.R.Lupton and sons ADDRESS 7233 Delmar Blvd
25. DATE RECD. BY LOCAL REG. 5-21-62
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo.

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.