

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-048210
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12593**

FILED JAN 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 **206**
3
4 **2**
5 **0**
6
7 **0**
8 **1**
9
10
11
12 **1279-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Missouri		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4803 St. Louis Avenue
3. NAME OF DECEASED (Type or print) First Middle Last Brumfield		4. DATE OF DEATH Month Day Year 12 17 1962	
5. SEX male	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 40
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Napoleon NMM Brumfield		13b. MOTHER'S MAIDEN NAME Lucille NMM Gatlin	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Lucille Brumfield. 4803 St. Louis Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory distress DUE TO (b) Congenital heart disease and atelectasis of both lower lobes of lungs DUE TO (c) of both lower lobes of lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Congenital multiple Cysts & Kidneys			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 754.5		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 12:55 PM, 12-17-1962 to 3:35 PM, 12-17-62 and last saw ^{her} / _{him} alive on 12-17-1962 Death occurred at 3:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. Howard</i> (Degree or title) M.D.		22b. ADDRESS 630 S. Kingshighway, St. Louis, Mo	
22c. DATE SIGNED 12-26-62		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE DEC 31 1962		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE (State)	
24. FUNERAL DIRECTOR Rowland Mortuary Svc.		ADDRESS 4104-06 Manchester	
25. DATE RECD. BY LOCAL REG. DEC 31 1962		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

79

Missouri
St. Louis
4803 St. Louis Avenue
15 17 18
19 20 21 22 23 24 25 26 27 28 29 30
St. Louis, Missouri

St. Louis, Missouri
St. Louis Mortuary

Lucille WMM Brumfield
Napoleon WMM Brumfield
Lucille WMM Brumfield
4803 St. Louis Ave.

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 _____

Licensed Embalmer No. _____

15-17-1905

15-17-1905 3:30PM 15-17-05

Address _____

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.