

8432

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013054

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3767**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 8 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 48 1/2 hrs	c. CITY OR TOWN Hillsdale 20
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2119 Cherry Ave
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Gerard Bracken		4. DATE OF DEATH Month Day Year 4 1 63	
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 3-30-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo
13a. FATHER'S NAME James E. Newton Bracken		13b. MOTHER'S MAIDEN NAME Deanne Balsano	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 James C. N. Bracken 2119 Cherry
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis, lobar pneumonia, bilateral		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Prematurity	
		DUE TO (c) 76.2.5	
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 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 March 30, 1963 to April 1, 1963 and last saw ^{her} him alive on April 1, 1963 Death occurred at 6:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Burchell M. Marshall M.D.		22b. ADDRESS 7309 Natural Bridge Rd.	22c. DATE SIGNED 4/1/63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 2, 1963	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
24. FUNERAL DIRECTOR ADDRESS BUGHOLTZ MORTUARY-5967 W. FLORISSANT		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	25. DATE RECD. BY LOCAL REG. APR 3 1963
		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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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 Royce L. Lindquist

Licensed Embalmer No. 4275

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.