

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31227**

FILED SEP 15 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place)	
c. CITY OR TOWN <u>DESLOGE</u>		d. STREET ADDRESS (If rural, give location) <u>MAIN ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED (First) <u>JOHN</u>	b. (Middle)	c. (Last) <u>DEBRUSKY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 13, 1906</u>	9. AGE (In years) (Month) (Day) <u>45 4 16</u>	IF UNDER 1 YEAR	IF UNDER 18 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH LEAD CO</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>JOHN DEBRUSKY</u>	13b. MOTHER'S MAIDEN NAME <u>MAGDELINE BARBIELSKI</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH DEBRUSKY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>490-03-2830</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth DeBrusky, Desloge, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>2 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterioventricular insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perf. peptic ulcer</u> DUE TO (c) <u>Peritonitis (local)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5401</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 28, 1951, to Aug 29, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>N O Seabe MD</u> (Degree or title)	23b. ADDRESS <u>Desloge, Mo.</u>	23c. DATE SIGNED <u>8-31-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>
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DATE REC'D BY LOCAL REG. <u>SEPT 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Ethel Russell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Benham Hall, Bonne Terre Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

SEP 26 1951

SEP 20 1951

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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 .....  
Student Embalmer

Signed Clarence J. Raymond

Licensed Embalmer No. 5706

P. O. Address Brussels, Kansas

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 this body is not embalmed, fact should be so stated above.